STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH Jo plnods County ( Registration Dist. No. Village on City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. or town where death occurred Length of residence In city statement SI (a) Residence: No. If nonresident give city or town and State (Usual place of abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3, SEX 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) (Month) PERMANEN 5a. If marriad, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attanded deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Davs If LESS than to have occurred on the date stated above, at \_\_\_\_\_ I day, ---- hrs The PRINCIPAL CAUSE OF DEATH and related causas of importance. or\_\_\_\_min. 8. Trada, profession, or particular THIS NO kind of work done, as SPINNER, Jo SAWYER, BOOKKEEPER, atc ... back 9. Industry or business in which may plnods work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Oata deceased last worked et 11. Total time (years) this occupation (month and spent in this occupation \_\_\_\_ instructions 12. BIRTHPLACE (city or town) (State or country) supplied. FATHER 13. NAME See Nama of oparation .... 14. BIRTHPLACE (city or town)\_\_ (State or country) carefully What test confirmed diagnosis? .... Was there an autopsy? MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOL ENCE) fill in also the following: in Accident, suicide, or homicide?\_\_\_\_\_\_ Oate of Injury\_\_\_\_\_\_, 19. DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_\_\_ pe (Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. plnous 17. INFORMANT\_ Very OF 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE mation Nature of Injury. LION 24. Was disease or injury in any way ralated to occupation of deceased?\_\_\_\_\_\_\_\_\_\_ 19. UNDERTAKER If so, specify (Address) \_ / V. C. Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

IARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis .	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03296
1. PLACE OF DEATH	
County Washington	Registration Dist. No.
Village or City Ha gers town	ND. 413. Reynolds are St., 2 Ward death occurred in a horpita for institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred 5.5.yrsmos.	ds How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Marse A Baker	
(a) Residence: Np. 4/3 Reynolds av	est., 2 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Whate  Wichowed	21. DATE OF DEATH  March 23  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of John K. Baker Sr.	22. HEREBY CERTIFY, That I ettended deceased from 20, 1931, to 23, 1935
6. DATE OF BIRTH (month, day, end year) + ev 21-1850	Tiast saw increase, accounts of
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at J. HR. P. m.  The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:  Date of one of
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BODKKEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Broncho fremm
SAW MILL, BANK, etc	<u></u>
12. BIRTHPLACE (city or town) Xenia	Other Contributory Causes of Importance:
(State or country)	prysterditio, chiance
14. BIRTHPLACE (city or town)	D. A. of
(State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Josephsine mitchell 16. BIRTHPLACE (city or town) Brockton	23. If death was due to external causes (VIDLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Brochton	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Many Smuly	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Placeta gerstown Md Date March 26, 19.33	Manner of Injury
19. UNDERTAKER Scott 7. Minnigh & Son	Nature of Injury 24. Was disease or injury in any wey related to occupation of deceased?
(Address) Ha glistory my	If so, specify (Signed) All Municipality M. D.
20. FILED Registrar.	(postes) The gers form he ful
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

County Pasking Toy Registration Dist. No.  Village or City Plank le houvelle Mo.  (If death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence in city or town where death occurred yers. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME Proposition of the city of town where death occurred to the county of the city of town and State  (a) Residence: No.  (Usual place of abode)  St., Ward.  (Usual place of abode)  MEDICAL CERTIFICATE OF DEATH	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City Seas le Lewworlle Mo.  St., Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence In city or town where death occurred 2 yrs mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME Frankle  (a) Residence: No.  St., Ward.  (Usual place of abode)  If nonresident give city or town and State	1. PLACE OF DEATH	(159)
Village or City Near to humsvelle No.  (If death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence In city or town where death occurred 2 yrs mos. ds. How long in U.S. if of foreign birth? yrs mos. ds.  2. FULL NAME Super to the folial of the folial occurred to the f	County It asking Logs.	Registration Dist No. 2002
(If death occurred in a horpital or institution, give its NAME instead of street and number)  Length of residence In city or town where death occurred 2 yrsmosds. How long in U.S. if of foreign birth?yrsmosds.  2. FULL NAME (First and Colubba for Manual Colubb	Village or City Dear le hurvelle	mel
2. FULL NAME Project Colicied of the folia Leon R) Bashtell Ruben Frankling (a) Residence: No.  (Usual place of abode)  St., Ward.  (Usual place of abode)  If nonresident give city or town and State	(1	f death occurred in a horpital or institution, give its NAME instead of street and number)
(a) Residence: No. St., Ward.  (Usual place of abode) If nonresident give city or town and State	10 1 11000 1111	sds. How long in U.S. if of foreign birth?
(Usual place of abode) If nonresident give city or town and State	2. FULL NAME Trefaut Colled of Me &	Mis Leon 17.113 ashlell Rubin Franklin
and state		
MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH		
3. SEX 4. COLOR OR RACE OR DIVORCED (gwrite the word)  21. DATE OF DEATH	J. SINGLE, MINKED, WIDOWED,	ZI. DATE OF DEATH
50 H married without a discount of the control of t	50 If married without a time to the stage	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of  22. 1 HEREBY CERTIFY. That 1 attended deceased from	HUSBAND of	22. a I HER FRY CERTIEV That I attended decreased from
May 11 1935 to May 11 1936	(or) wire of	May 11 1935 to May 11 1031
6. DATE OF BIRTH (month, day, and year) 1 last saw have alive on 1/101/1 1995; death is said	6. DATE OF BIRTH (month, day and year)	last saw have alive on 1/1/0/// 1935 death is said
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at		- Court is said
The PRINCIPAL CAUSE OF DEATH and related causes of importance		The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	8. Trade profession or particular	were as follows:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  SAWYER, BOOKKEEPER, etc.	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	remaling
9. Industry or business in which	9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc.		
O 10. Date deceased last worked at this occupation (month and spent in this		
year) occupation	year) occupation	Other Contributes Course of impostance of
12. BIRTHPLACE (city or town) Fran Columnia (Control of Cantributory Canses of importance:	12. BIRTHPLACE (city or town) fra Gluowelle	other Canada of Canada of Importance.
(State or country) Wanh law. Und		
13. NAME Con. R. Backlett.  14. BIRTHPLACE (city or town) Collegianille.  Name of operation.  Date of	13. NAME Leon. R. Backlett.	
14. BIRTHPLACE (city or town) Colemanelle . Name of operation . Date of	14. BIRTHPLACE (city or town) Cohemnelle.	Name of operation
(State or country) Wash Go Mich What test confirmed diagnosis? Was there an autopsy?	(State or country) Availa les sud	What has a second secon
15. MAIOEN NAME Marie. 11. Stages 23. If death was due to external causes (VIOLENCE) fill In also the following:	15. MAIDEN NAME Mane. M. Stopee	
15. MAIOEN NAME Mane. M. Stage 23. If death was due to external causes (VIOLENCE) fill In also the following:  Accident, suicide, or homicide? Date of injury	16 RIPTHPLACE City of Delan Smithing.	
(State or country) Wark to Mile Where did injury occur?	(State or country) Park to Mole	
17. INFORMANT Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.	Land R. Barlittle	(Specify city or town county and State)
(Address) Le kiensvelle Mil	77-77	Specify which injury occurred in MOOSTAT, in HOME, of in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL THE MAINTENANCE OF INJURY Manner of Injury	18. BURIAL CREMATION, OR REMOVAL	Manner of Injury
Parlieusville, Cemily after March 1, 1935 Nature of Injury	Colemnillo. Cemerate March 12, 1935	
V. 2 W.	10 March R. Homes	
19. UNOERTAKER 24. Was disease or injury in any way related to occupation of deceased?  (Address) If so, specify 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		
2-12-35 / (Signed)	3-12-35 lates HB	
20. FILEO		
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No.

1. PLACE OF DEATH  County. Wald and the property of the proper	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03295
County	1. PLACE OF DEATH	(26)
Village or City of Cit	County Washington	Registration Dist. No. 302
Langth of residence in city of largering and the occurred Syyrs	Village or City 7-100	No Bellemie Wylumst 5 ward
2. FULL NAME  (a) Residence: N. 3  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SSEX  (a) Coffe on Mace  15. Sheeps Marking, Widowed Collisioned  (b) Order of Or	C \$ (If	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. 3	Length of residence In the of the where death occurred 3.3. yrsmos	ds. How long in U.S.If of foreign blrthyrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COUR OR ARCE S. SPRING, MARRIED, WIDOWED, COUNTY, COUNTY	2. FULL NAME Alle Bell	
PERSONAL AND STATISTICAL PARTICULARS  SEX  4. COUR OR ARCE S. SPRING, MARRIED, WIDOWED, COUNTY, COUNTY	(a) Residence: No. 13 24 (h. Specialle	Nat. 5 Ward.
22. If HEREBY CERTIFY, That I altanded deceased from 19. Security (Month) (Day) (Nat)  8. DATE OF BIRTH (month, day, and year)  7. ACE  Years  Months  1 I LESS than 1 day,	(Usy place it abode)	
Sa. If married, victower of always and year)  8. Trade, profession, or particular kind of work dome as SPHNER.  8. Trade, profession, or particular kind of work dome as SPHNER.  8. Trade, profession, or particular kind of work dome as SPHNER.  8. Trade, profession, or particular kind of work dome as SPHNER.  9. Accident, 19. See that the date stated above, at 2		
Sa. If married, widowed, Pidiworced HUSBAND of (or) WIFE of POPE BRTH (month, day, and year)  7. AGE Veers Months Days If LESS than 1 day, .hts. or .min.  8. Trade, profession, or particular strains of work done as SPINNER. SAYVER, BOUNKEERER, etc	4. COLOR OR RACE S. SINGLE MARRIED, WIDOWED, OW DIVORCED (write the word)	
# I HEREBY CERTIFY, That I standed deceased from I 9 3 by 19 3 to 19 3 by 19 3	Totale 15 october 11 miller	
8. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trade, profession, or particular 8. Add of work done, as SPINNER, 8. Add of work done, as SPINNER, 9. Add of work	HUSBAND OF	22. A LHEREBY CERTIFY That Lattanded deceased from
T. AGE  Years  Months  Jays  If LESS than I day. hrs. formin.  S. Tride. profession, or particular was as follows:  Now the state of bountry or business in which work was done as SILK MILL SMAKE, BOKKEPER, etc.  John John Commin and Society of the state of bountry.  It. Date deceased last worked at the society of th	(or) WIFE or Present Today	
7. AGE  Years  Months  Jays  If LESS than it doy  A S. Trade, profession, or particular kind of work done, as SPINNER.  SAWYER, BODKKEPER, etc  Journal of work done as SILK MILL  A JOURNAL of Geographic Months and SILK MILL  SOUNDER DEATH and related capas of importance was as follows:  To. Date deceased last worked at Journal of Sporting in the work was done as SILK MILL  SILK MILL BARK, etc.  12. BIRTHPLACE (city or town)  (State of country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (Addrass)  18. BURNAL GREATIDN, OR REMOVAL  Place  Place  19. UNDERTAKER  (Addrass)  20. FILED e. 1935  M. Date  Registrer.  19. Whele stated above, at  The PRINCIPLA CAUSE OF DEATH and related capas of importance was as follows:  "The PRINCIPLA CAUSE OF DEATH and related capas of importance was as follows:  "The PRINCIPLA CAUSE OF DEATH and related capas of importance was as follows:  "The PRINCIPLA CAUSE OF DEATH and related capas of importance was as follows:  "The PRINCIPLA CAUSE OF DEATH and related capas of importance was as follows:  "The PRINCIPLA CAUSE OF DEATH and related capas of importance was as follows:  "The PRINCIPLA CAUSE OF DEATH and related capas of importance was as follows:  "The PRINCIPLA CAUSE OF DEATH and related capas of importance was as follows:  "The PRINCIPLA CAUSE OF DEATH and related capas of importance was as follows:  "The PRINCIPLA CAUSE OF DEATH and related capas of importance was as follows:  "The PRINCIPLA CAUSE OF DEATH and related capas of importance was as follows:  "The PRINCIPLA CAUSE OF DEATH and related capas of importance was as follows:  "The PRINCIPLA CAUSE OF DEATH and related capas of importance was as follows:  "The PRINCIPLA CAUSE OF DEATH and related capas of importance was as follows:  "The PRINCIPLA CAUSE OF DEATH and related capas of importance was as follows:  "The PRINCIPLA CAUSE OF DEATH and related capas of importance was as follows:  "The PRINCIPLA CAUSE OF DEATH and related capas	6. DATE OF BIRTH (month, day, and year) July 5, 1882	t last saw h aliva on Men - 2 6 19 35; death is said
The PRINCEPAL CAUSE OF DEATH and related causes of importance were as follows:  Were as follows:  SAWYER BOOKKEPER, etc.  10. Date deceased last worked at your lower was done as SILK MILE SAWYER, BOOKKEPER, etc.  SAWILL, BARK, etc.  10. Date deceased last worked at your lower		to have occurred on the date stated above, at
8. Trade, profession, or particular flow of work down as S PINNER. SAWYER, BDUKKEPER, etc  9. Auditory or business in which work wes done, as SILK MILL SAWYER, BDUKKEPER, etc  10. Date doceased last worked at this occupation (month and year)  11. Toffel time (year)  12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  (State or country)  18. BURIAL, GBEMATION, OR REMOVAL  Place  19. UNDERTAKER  (Addrass)  20. FILED  20. FILED  20. FILED  20. FILED  20. FILED  20. (Signed)  21. (Signed)  22. (Addrass)  23. (Addrass)  24. Was disease or injury in any wey ralated to occupation of deceased?  24. Was disease or injury in any wey ralated to occupation of deceased?  25. (Signed)  26. (Signed)  27. (Addrass)  28. (Addrass)		The PRINCIPAL CAUSE OF DEATH and related causes of importance
SAMYER, EDDKEEPER, etc.  Journal of the property of the proper	8. Trade, profession, or particular	Carenda N Con
A Judiustry or business in which work and some as SILK MILE   SAW MILL, BANK, etc.   Saw	SAWTER, BUDNRECPER, BIC.	0 1 2 1 2 1 7 1 7 2 1
12. BIRTHPLACE (city or town)  (State of country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Steta or grantry)  17. INFORMANT  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  (Addrass)  19. UNDERTAKER  (Addrass)  20. FILED  20. FILED  20. FILED  20. FILED  20. FILED  21. BIRTHPLACE (city or town)  (State of country)  11. The Countributory Causes of importence:  Date of importence:  When Countributory Causes of importence:  Whet Countributory Causes of importence:  When Countributory Causes of importence:  Whet Countributory Causes of importence:  When Countributory Causes of importence:  Whet Countributory Causes of importence:  Whet Countributory Causes of importence:  Whet Countributory Causes of importence:  15. MAIDEN NAME  Accident, suicida; per homicide?  Where did injury occur?  (Specify city or town, country and State)  Spacify whether injury occur?  Spacify whether injury occur?  Spacify whether injury occur?  Spacify city or town, country and State)  Spacify whether injury occur?  Spacify whether injury occur?  Spacify city or town, country and State)  Spacify whether injury occur?  Spacify whether injury	a Industry or business in which work wes done, as SILK MILL	Cuse all.
this occupation (month and year)  12. BIRTHPLACE (city or town) (State of pountry)  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place  19. UNDERTAKER (Address)  20. FILED  20.		φ. ~
Description of the control of the	this occupation (month and spant in this	
(State of Country)    13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   17. INFORMANT   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL   18. BURIAL, CREMATION, OR REMOVAL   19. UNDERTAKER (Address)	Zara Balana	Dther Contributory Causes of importenca:
13. NAME   14. BIRTHPLACE (city or town)   15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   17. INFORMANT   18. BURIAL, CREMATION, OR REMOVAL    18. BURIAL, CREMATION, OR REMOVAL    19. UNDERTAKER   19. Maintenament   19. Where of injury   19. Was disease or injury in any wey related to occupation of deceased?   17. Or of the control of the cont		Mahala -
Whet test confirmed diagnosis? Was thare an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Cisteta or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place (Address)  19. UNDERTAKER (Address)  20. FILED 19. 19. 35  Registrar.  Whet test confirmed diagnosis? Was thare an autopsy?  22. If death was due to axternal causes (VIOL ENCE) fill in also the following:  Accident, suicida; or homicide? Dete of injury, 19  Where did injury occur?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  19. Was disease or injury in any wey related to occupation of deceased?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  19. UNDERTAKER (Address)  Manner of injury in any wey related to occupation of deceased?  (Signed)  (Signed)  M. D		7
Whet test confirmed diagnosis? Was thare an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) Cisteta or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place (Address)  19. UNDERTAKER (Address)  20. FILED 19. 19. 35  Registrar.  Whet test confirmed diagnosis? Was thare an autopsy?  22. If death was due to axternal causes (VIOL ENCE) fill in also the following:  Accident, suicida; or homicide? Dete of injury, 19  Where did injury occur?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of Injury  19. Was disease or injury in any wey related to occupation of deceased?  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  19. UNDERTAKER (Address)  Manner of injury in any wey related to occupation of deceased?  (Signed)  (Signed)  M. D	II IS. NAME / COLLEGE / STOCK	
The state of the s	14. BIRTHPLACE (city or town)	
17. INFORMANT (CLUBE CONTROLL)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED (Signed)  20. FILED (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of Injury  24. Was disease or injury in any wey related to occupation of decessed?  (Signed)  (Signed)  (Address)  M. D. Registrar.  (Address)		
17. INFORMANT (CLUBE CONTROLL)  18. BURIAL, CREMATION, OR REMOVAL Place (Address)  19. UNDERTAKER (Address)  20. FILED (Signed)  20. FILED (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Specify city or town, county and State)  Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of Injury  24. Was disease or injury in any wey related to occupation of decessed?  (Signed)  (Signed)  (Address)  M. D. Registrar.  (Address)	I IS. MAIDEN NAME CHARLES SOUNDE	
17. INFORMANT COULD ROLL Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place ROLL Date Roll Date Removal (Address)  19. UNDERTAKER (Address)  20. FILED ROLL DATE (Signed)  Registrar.  Where did injury occurr?  (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Nanner of injury Nature of Injury  24. Was disease or injury in any wey related to occupation of decessed?  (Signed)  (Signed)  (Addrass)  M. D. Registrar.  (Addrass)	O 16. BIRTHPLACE (city or town)	
17. INFORMANT (Addrass)  18. BURIAL, CREMATION, OR REMOVAL Place P	(Stets of English)	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL Place 19 10 10 10 10 10 10 10 10 10 10 10 10 10		Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place 19 10 10 10 11 19 19 19 19 19 19 19 19 19 19 19 19		
19. UNDERTAKER (Address)  24. Was disease or injury in any wey related to occupation of decessed?  25. FILED (Signed) (Signed) (Signed) (Address)	1 De a OU 1 (001) 1 5- 51 21	~
20. FILED 930, 1935  Registrar.  If so, specify (Signed) A. B. Wilson M. D. (Addrass) F. 4. N. Jonatho	the sa Kalduall	
20. FILED 9/30/, 1935  (Signed) Wilson M. D  Registrar. (Addrass) Tys N. Jonasto		
20. FILED	(Addigos)/	12/13/11/12/2-
ACDINIA, " (MUIDO)		7 111 10 0
		" (Addisos)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	la il	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	96.51
Gallstones	May 1,1923	Gastroenteritis	1 year

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PLACE OF DEATH	STATE OF MARYLAND
County Mark weller	© CERTIFICATE OF DEATH
WITHIN CONDERATE LIMITS OF	Registration Dist. No. 302
Village or City Jou Cerson (No. 81)  2FULL NAME un named chiers	Concoul St.: 2 Ward) a hospital or institu-
	0//
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 26, 1935  (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from-
March 26, 1935	
(Month) (Day) (Year)	that I last saw h
Still born   If LESS than   1 day hrs.   or min.?	and that death occurred on the data atatad abova, at
8 OCCUPATION (a) Trade, profession or	4
particular kind of work	سي الم
(6) General nature of industry pusiness, or establishment in	
which employed or (employer)	Contributory (Duration) yr mos de.
9 BIRTHPLACE (State or country) 8/8 Con Coul St	Secondary
10 NAME OF	(Durstion) yrsmosds.
FATHER John W Biser	(Signed) M. D.
OF FATHER  Z (State or country) The like Con 200	*State the Disease Causing Death, or, in deaths from
OF FATHER  (State or country) Tre March-Co mu  12 MAIDEN NAME  12 MAIDEN NAME  12 MAIDEN NAME	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mary Lafolel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) fredul a mel	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) mis John W Biser	Former or usual residence
(Address) Str Concoul!	Premises DATE OF BURIAL  Premises Mane 17:365
	20 UN DERTAKER ADDRESS
Filed 3-27-1935 Phast Bower	John & Bises Huceislow
If more bianks are needed, address State Registrar	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

02200

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rcgaged in domestic service for wages, as Servant, Cook en at home, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of worked on may form part of the second statement. For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsia carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, (Recommendations on statement of cause of death "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. Whooping cough; Never report mere symptoms or terminal condi-Chronic etc. The contributory valvular heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

IS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	of certificate.
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should h	CAUSE OF DEATH in plain terms, so that it may h	TION is very important. See instructions on back of certificate.

	CERTIFICATE OF DEATH 03300
1. PLACE OF DEATH	
County Washington	Registration Dist. No. 302
Village or City This Hagerstown, Md.	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Still Born Child Of Edwa	
(a) Residence: No. 253 Summit Ave (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)   Still Born	21. DATE OF DEATH  March 21, (Day) (Year)  (Wonth) (Pay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. Man 2 1935 to Plan 2 1935
6. DATE OF BIRTH (month, day, and year) March 27, 1935	I last saw h alive on
6. DATE OF BIRTH (month, day, and year) March 21 1935.  7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, atm.
Still Born 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
i ormin.	were as follows: Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	272
A Industry or business in which	Atl on
work was done, as SILK MILL, Infant Child SAW MILL, BANK, etc.	100 2114
Date deceased last worked at this occupation (month and year)	18 bearing from
12. BIRTHPLACE (city or town) Hagerstown, Md. (State or country)	Other Contributory Canses of importance:
≝ 13. NAME Edward Bouterse	
14. BIRTHPLACE (city or town) Durmham No Carolina	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Charlett Renner	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Charlett Renner  16. BIRTHPLACE (city or town) Franklin County Pa  (State or country)	THE COUNTY OCCUPY
17. INFORMANT Edward Bouterse (Address) Hagerstown Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18, BURIAL, CREMATION, OR REMOVAL	Manner of Injury
PlaceHagerstown, Md., Date	Nature of injury
19. UNDERTAKER Fred W. Kraiss	24. Was disease or injury In any way related to occupation of deceased?
(Address) Hagerstown Md.	If so, specify
20. FILED 3-22-1935 6/1014 Back	(Signed) M.D. (Address) Harandown M.D.
TO III III O	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	ORD. Every item of infor-	HYSICIANS should state	t statement of OCCUPA-		
D FOR BINDING	IS IS A PERMANENT REC	be stated EXACTLY. P	be properly classified. Exac	of certificate.	
ARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
1	-WRITE PLAINLY, W	mation should be caref	CAUSE OF DEATH in	TION is very importan	

V.S. No. 1

CTATE	OF	MADVI	AND	CEDTIEIC	TE	OF	DEATH
SIAIL	UF	MARYL	UVIA	CERTIFICA	A I E	UF	DEATH

03301

1.	PLACE OF	DEAT	TH C	i maix		- Big		
	County	/eshi	rgton			Registration Dist. No.	3	
	Village or Ci	tv.Cle	er Spri	ne Md		w Mountain) St.	Ward	
					900	deth scurred is a hospital or institution, give its NAME instead of street and n	umber)	
			y or town where d		yrsmos	gs. NawQong in U.S. if of foreign birth?yrsmo	sds.	
2.	FULL NAM	ME	Mary	Isabel	Bridenac	1ph		
	(a) Residence	e: No		(Usual place	of abode)	St., Ward.  If nonresident give city or town and	State	
-	PERSON	AL ANI	D STATISTI	CAL PARTI		MEDICAL CERTIFICATE OF DEATH	51515	
3. SI	Female		or race White	5. SINGLE, MARIOR DIVORCES	RIFD, WIDOWED, O (write the word)	21. DATE OF DEATH  Neich 9 (Month) (Day)	193_5	
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of						22. 1 HEREBY CERTIFY, That I ettended of	deceased from	
			, and year) Ma:	roh 6	935	PITTIN ,19 ,to	, 19:	
7. A			Months	Days 3	If LESS than 1 day,hrs.	to heve occurred on the date stated above, at \$ : 50 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	, udatii is salu	
7	9 France profession or postinutes					were as follows:	Date of onset	
9	8. Trede, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc					Non-closure of heart valves		
X	9. Industry or b	done, as S	ILK MILL.					
ກ້ວວດ	SAW MILI TO. Date deceese	L, BANK, e	tc	11 Total ti	me (years)			
ŏ	this occup	etion (mon	ith end	Spar	nt in this			
12. BIRTHPLACE (city or town)  (State or country)				· · · · · · · · · · · · · · · · · · ·		Other Coutributory Causes of importance;		
ER	13. NAME J	. Ma.	rtin Br	idendol	oh .			
FATHER	14. BIRTHPLACE (State or			lear Spr	ring	Neme of operation Date of What test confirmed diagnosis? Was there an at		
ER	15. MAIDEN NAM	ME VE	rdie O.	Burall		23. If death wes due to external causes (VIDLENCE) fill in elso the following:		
MOTHER	16. BIRTHPLACE	(city or to	wn)	*******		Accident, suicide, or homicide? Date of Injury	, 19	
Σ	(State or	coun'ry)	Mary	-land		Where did Injury occur?		
17. 1	NFORMANT M. (Address)	rs	J. Mart	in Brid	endolph	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18.1	Place Place	-NO	emoval 9100es	prod Ma	ulu 10 35	Manner of injury		
1 10 10 1					mend form	24 Was disease or injury in any wey releted to occupation of deceased?		
20.	FILED MCLL	اللا):	35 7	w.	Mulley Registrar.	(Signed) State Clean Colores (Ardress)	M.D.	
			If more	blanks are needed, a	ddress Sigte Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago
HUDEAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	FURTHER ST.	CATEMENTS B	Y PHYSICIAN
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STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	(1910)
County Washing on	Registration Dist. No. 3
Village or City Man Bafaraville	No. St., Ward
Length of residence in city or town where death occurredyrs,m	osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & Elever 6 CE	West
(a) Residence: No. 120 W. Was	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH  3 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(month) (bay) (rear)
HUSBAND of Ruth, 26. Colvert	22. I HEREBY CERTIFY, That I attended deceased from
0 / 54 1801	, 19, to, 19, 19
6. DATE OF BIRTH (month, day, end year)	I last saw h; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
33 8 24 1 dey,hrs	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importance were as follows:
8 Trade, profession, or particular	While repaire automobile the
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Colla fell a hi fractions
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	In Skill "
SAW MILL, BANK, etc.	- tecelent-
this occupation (month and % c/2 spent in this	
year) occupation 443	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Hoarry J. balvest	
13. NAME Hockny J. Califert  14. BIRTHPLACE (city or town) Balto	Name of operation Date of
(State or country) Tund	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME & Quietta C. Friffin	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cametta C. Friffin  16. BIRTHPLACE (city or town) Wash  (State or country)	Accident, suicide, or homicide? Date of injury, 19
16, BIRTHPLACE (city or town)	Where did injury occur?
4 & Califert	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
17. INFORMANT (Address)	On mullic road while changing three
18. BURIAL, CREMATION, OR BEMOVAL	
Place Mattenage Date 3/28, 19 2	Manner of injury
1. I to flored	
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILED - L8 , 19 50 18 18 18 18 18 18 18 18 18 18 18 18 18	(Assigned) Restricted A Suffery
Registrar.	(Address) It by estimate M.

CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH (1330)
11. 1 -1	2 1 Migistration Dist. No. 4302
1	rasticuston ( per te Hospital 3 ward
Village or City & Augustown	death occurred in a hospital or institution, give its NAME instead of speet and number)
Length of residence in city of town where death occurred 3.0 yrs	ds. How long in U.S. If of foreign birth?yrsmocds,
2. FULL NAME Martin Vullan 61	inlos
(a) Residence: No. 159 M Sousthan	1 St., 5 Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. 4. COVOR OA RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mule Colored Willowed	Much 21, 193.6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Washington	22. I HEREBY CERTIFY. That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) 11 - 29-1881	I last saw h um alive on mach 21 , 1936; death is said
7. AGE Years Months Days, If LESS than	to have occurred on the date stated above, at 2:417.m.
53 4 25 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were 35 follows:
8. Trade, profess or particular kind of work dona, as SPINNER, Laborer SAWYER, BODKKEEPER, etc.	Stranger and left from 8/11/20
SAWYER, BODKKEEPER, etc.	1 hered a femoral
work was done, as SILK MILL, euch played	
10. Date deceased last worked at this occupation (stock and syear)  11. Total type (years)  spent in this occupation	
11/200 00/1/2	Other Contributory Causes of importance
12. BIRTHPLACE (city or town)  (State or country)	Interest of the land and I days
	- Williams
1/2	Name of operation Reland & Strangelot Date of Thefor
4. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? And which was there an autopsy?
I 15. MAIDEN NAME MIT RESOLVES	23. If death was due to external cruses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
State or country)	Where did Injury occur?
17. INFORMANT alice Cleuloy	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMITION, OF REMOVED	Manner of injury
Place / Last May 3 - 13 197	Nature of injury
somograms the my allewell	24. Was disease or injury in any way related to occupation of deceased?
2 (COROSSI) AMARIAN STATEMENT	7 O(to, specify
20. FILED J 23 1 185 MA ATTO OCCO. Registrar.	(Address) Augustonia M. D
If more blanks are needed, address State Registrat	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of emilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

3 7 1				
1319	-			
-3		 		 

V. S. No. ż of OCCUPA.

1. PLACE OF DEATH	LAND—	CERTIFI	CATE	JF DEF	ATH (	13304
County Washington	_	1	(92-a)	Registration	Diet Not 3	24
Village or City Hancock		No. Que death occurred in a		ion, give its NAM	St., E instead of street as	
Length of residence in city or town where death occurred	_yrsmos	ds. How	long In U.S. if of	foreign birth?	yrs	_mosd
(a) Residence: No. (Usual place of	ence	St.,	 Ward	Maria de la companya		
PERSONAL AND STATISTICAL PARTICE		м	FDICAL CE		give city or town	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIE OR DIVORCED (	D, WIDOWED, write the word)	21. DATE OI		Ma.	7	
I water fredo	wed.			(Month)	(Day)	(Yeer)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of  Seph Dene	en	22. Fes		CERTIF	Y, That I attend	ed deceased from
6. DATE OF BIRTH (month, day, and year) May 8	1848	I last saw h	,	ma	103	: death is se
7. AGE Yeers Months Days	If LESS than	to have occurred o		4 1	Pm	, 06401 15 561
06 11 21	1 day,hrs. ormin.	The PRINCIPAL (				Date of onse
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	he	L	ugri	leke		721.2
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.	m		1			
SAW MILL, BANK, etc	(years) adult					
12. BIRTHPLACE (city or town).	·	Other Contributor	y Causes of Impor	tance:		
(State or country) some of a superior of the state of the	and	Chronic En	dica	deter:	six month	2. 1933
13. NAME Ulliam Carofo  14. BIRTHPLACE (city or town) Personally  (Stete or country)	ania-	Name of operation			Date of	
15. MAIDEN NAME Maria Amil	1				Was there a	
16. BIRTHPLACE (city or town)	ned .				II in elso the follow Date of injury	
17. INFORMANT L. E. Deneen (Address) Huskin (A	2	Where did injury Specify whether in		(Specify city or INDUSTRY, In HO	town, county and S OME, or in PUBLIC	Stale) PLACE,
18. BURIAL, CREMATION, OR REMOVAL  Piece Handman Date Man	10 1935	Manner of Injury				
19. UNDERTAKER Ches a Sigles (Address)		Nature of Injury  24. Was disease or  If so, specify	injury In any wa	y related to occup	ation of deceased?_	
20. FILED 3/8 , 55 JB year	Muss Registrar.	(Signed)	J. G.	Walso	n,	72. M. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	*		

PHYSICIANS should state RD. Every item of infor-Exact statement of OCCUPA-ATE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC should be carefully supplied. AGE should be stated EXACTLY. OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED CACCE

N. B.—W

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH (330).
County Washington	Registration Dist. No. 337
Village or City Mean Haglistonic	No. St. Ward
10	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME of aymond C. De	ree
(a) Residence: No. ) ( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	s St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE  OR DIVORCED (write the word)	21. DATE OF DEATH 3 - //- 1935
ie. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Cor) WIFE of Clia De Pree	22.   HEREBY CERTIFY, That I attended deceased from 19
DATE OF BIRTH (month, dey, and year)	I last saw h allve on, 19; death is sai
AGE Years Months Days If LESS than	to have occurred on the dete stated above, atm.
38 - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Caribractor for SAWYER, BOOKKEEPER, etc.	accelental
kind of work done, as SPINNER, Catilracter for	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	automobile accident
10. Date deceased lest worked et 11. Tole(time (years)	
this occupation (month and year)	
2. BIRTHPLACE (city or town)	Other Coutributory Causes of Importance:
(State or country)	
13. NAME NO Record	
13. NAME  14. BIRTHPLACE (cily or town)	Neme of operation
(Stale or country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Complete of injury 3/1, 1930
(Stale or country)	Where did injury occur? & miles East of Herges
7. INFORMANT Mrs. Celia De Pree.	Specify whether injury occurred in LNDUSTRY, in HOME or in PUBLIC PLACE.
(Address) Cherry dale Ca.	- The lag of springery
8. BURIAL, CREMATION, OR REMOVAL  Place Cherrydale Va. Date March 14 1935	Manner of injury Aller of European State of Stat
Plece Chinystall Ta. Date 11 arch, 14, 1935	Nature of injury
(9. UNDERTAKER COULD: Dapt Y Son	24. Was disease or injury In any way related to occupation of deceased?
3-12 36Kes HB2 1018	(Signed) Company M.
Registrar.	(Address)
If more blanks are needed, address State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

ż

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(330b)
county Washing low	Registration Dist. No. 302
Village or City Tanger Comments	No. Wash Co (St., F Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Melles 6. Hoa	rulerger
(a) Residence: No. 2 0 6 G Florantille (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Oay) (Year)
5a. If married, widowed, or divorced	
HUSBANO of Colanuce Doanty	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Law 21 1884	I last saw h. S. alive on Mich 8 , 1930; death is sal
7. AGE Years Months Days If LESS than	to have occurred on the dafe stafed above, at 3. F. m.
5/ / 7   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:  Oate of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	1
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	Carolys Meder Pale alle
SAW MILL, BANK, etc.	· · · · · · · · · · · · · · · · · · ·
10. Dafe deceased lasf worked at this occupation (month and year)  11. Total fime (yeers) spent in this occupation (month and year)	
year) Occupation - 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or fown) 1974 Care (State or country) 2004	Hypertension ( Largethis) ?
	- ///
13. NAME / Lesley / rescholder  14. BIRTHPLACE (city or town) Wash Co	
14. BIRTHPLACE (cify or town) Wash Co	Name of operation Oate of
(State of country)	What test confirmed diagnosis?
15. MAIOEN NAME Guma C Franco	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIOEN NAME Engla Company 16. BIRTHPLACE (city or fown) Wash Co	Accident, suicide, or homicide?Oate of injury, 19
(State or country) und	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hagerthouse. Date	Nature of injury
19. UNOERTAKER Complete Flores (Address)	24. Was disease or injury In any way related to occupation of deceased?
20, FILED 3/9/ 1935 Class Procuedo	(Signed) The Gamm 120mm.
Registrar.	(Address) O. T. M. Street, M. A. M. 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	]	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	54			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(Address)

19. UNDERTAKER (Address)

LION

18. BURIAL, CREMATION OR REMOVAL

lbert

liamsport

Leaf

amsporto

Cem Ralto Dateo Mar. 9

Md

1. PLACE OF DEATH

STATE OF MARYLAND—CERTIFICATE OF DEATH

	St., Ward.	If nonresident	give city or town and	l State
	MEDICAL C		OF DEATH	
2	1. DATE OF DEATH	Mar, 7,	1935	
		(Month)	(Day)	, 193 (Year)
- '		1935, to 2	/	deceased from 192 d
1	The PRINCIPAL CAUSE OF DEAT were as follows:	H and related caus	es of Importance	
-				Date of onset
	Lohor Price	umorie		7 days
2	Other Contributory Causes of Impo	rtance:	*************	-
	Influenza			10 day
	Name of anaration			
	Name of operation			
23	What test confirmed diagnosis?  B. If death was due to external caus Accident, suicide, or homicide? Where did injury occur? Specify whether injury occurred in	ses (VIOLENCE) fil	l in also the following	:
1				

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registra

If LESS the

1 day.\_\_\_\_

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	- Alexandrian (1997)			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03308
1. PLACE OF DEATH	
County Wash.	Registration Dist. No.
Village or City 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	No. St., 3 War death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos	
2. FULL NAME Marlle V. C.	as terdas
	CIR 3 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 7 2 2 , 1935 (Year)
n. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Edw. To Easterday	22. here By CERTIFY, That I attended deceased from 2 2 1935, to May 2 2 193
DATE OF BIRTH (month, day, and year) Not Record - 1869	I last saw h
AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Comany I brownis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Andustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased fast worked at	
SAW MILL, BANK, etc	·
10. Date deceased fast worked at this occupation (month and year)	
2. BIRTHPLACE (city or town) Cash Cash (State or country)	Other Contributory Cause of Importance: Sclassic
13. NAME Les Masters	
13. NAME See Masters  14. BIRTHPLACE (city or town) Wash Co (State or country) Yard.	Name of operation
15. MAIDEN NAME Hot Carocan	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?, 19, 19
INFORMANT Edgar Easterday	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 48 S. Carrow are.	
B. BURIAL, CREMATION, OR REMOVAL  Place Date 3/25, 19 75	Manner of Injury
9. UNDERTAKER Guduter down	24. Was disease or Injury in any way related to occupation of deceased?
0. FILED 3/24/ 19 35 Blast Bower	(Signed) Norm Duelles
Registrar.	(Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Warmer World

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-6)
county Weshington	Registration Dist. No. 302
Village or City Hagerstown	No Cearfoso like St. Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Mrs Amanda Eb	v
(a) Residence: No. Coay Loss P: Ke	Se. Ward.
(Usual place of abode)	· If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Ways e c	21. DATE OF DEATH  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Kenhen H.	22. I HEREBY CERTIFY. That I attended deceased from Mai, 24, 1955, to Mai, 29, 1955
6. DATE OF BIRTH (month, day, and year) Tulu 22-1860	I last saw h alive on Mar 29 ,19 55; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 - 1 - m.
74 8 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as tollows:
8 Trade profession or particular	Date of onset
kind of work done, as SPINNER, TOUSe with	Broncho - preumoria: to 3/2 x 'ss
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Pata deceased last worked at this occupation (month and this programme).  11. Total time (years)	-minal - Nat san preseded by a bronchi-
SAW MILL, BANK, etc	tie no operation ?
this occupation (month and year) YACC 2011935 spent in this occupation 504YS	w.f.g.
12. BIRTHPLACE (city of town) y 1/2 a ex stown.	Other Contributory Causes of Importance:
(State or country)	Myscarditis : Chronic. Soil our
E 13. NAME JORNA Reigh	Spyromanus : Chronic. Sant year
14. BIRTHPLACE (city or town) Landaxey	Name of operation $n_{q_s}$ Date of
(State or country)	Name of operation
	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Way 130 yer  16. BIRTHPLACE (city or town) 114-12 12 12 12 12 12 12 12 12 12 12 12 12 1	Accident, suicide, or homicide? Date of Injury
(State of country)	Where did injury occur?
17. INFORMANT Reubeu H Sby  (Address) Hagerstown two	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Placetteitys church Date pril 2, 1935	Nature of injury
19. UNDERTAKER A. H. COXXX MON (Address) TO COXXX MON	24. Was disease or injury in any way related to occupation of decoased?
20. FILED March 30, 1935 Keerge & Brewbaker Registrar.	(Signed) Mary A. Langhlin M. D.  (Address) Hagusthur
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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APR U.S.			
Other contributory causes of importance:	اد	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.-WRITE PL.

County Washington Co.		Registration Dist.	No 382		
Village or CityS	ecuri tv	. Md .	****	No. # 6, Security, Md. death occurred in a hospital or institution, give its NAME instead	Ct War
langth of residence in	ity or town where	dooth conversed	(If	death occurred in a hospital or institution, give its NAME instead	ed of street and number)
			yrs,mios	ds. How long In U.S. if of foreign birth?	yrsds
2. FULL NAME	4.0		3.6.3		
(a) Residence: No.	11.02.3	(Usual place	of abode)	St., Ward.  If nonresident give cit	two town and State
PERSONAL A	ND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF	
determined 4. con	White	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH March	11 ,193 5
a. If married, widowad, or div HUSBAND of	orcad				Day) (Year)
Carl MIEE - C	Stillbo:	rn		22. I HEREBY CERTIFY, The March 11, 19 35 to Mar	at I attended daceased from
DATE OF BIRTH (month, da	y, and year)	arch 11.	1935.	Hast saw h Woon dead March	11,1935; death is sale
. AGE Yaars	Months	Days	If LESS than I day,hrs.	to have occurred on the data stated above, at 4:00 Pm	
0	1 0	1 0	ormin.	The PRINCIPAL CAUSE OF DEATH and releted causas of imware as follows:	nportence Date of onset
8. Trede, profession, or p kind of work done SAWYER, BOOKKE	articular , as SPINNER,	None		Premature	
9, Industry or business i	n which	11.011.6		3 & months gestati	on
SAW MILL, BANK,	atc				
time accepation (inte	onth and	11. Total ti	ime (years) nt in this		
l yaar)	.,		pation	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town (State or country)			/.,		
1		ryland.			
13, NAME Reno  14. BIRTHPLACE (city or to			Ma	n	
(State or country)	own)#_#_###	JALLUK.LA.	J. B	Name of operation	
15. MAIDEN NAME He	len Eli:	zabeth 3	Strawsbur	What test confirmed diagnosis?	
15. MAIDEN NAME He				Accident, suicide, or homicide? Date of	
(State or country)	Mary	rland.		Where did injury occur?	
7. INFORMANT MT		Eyler I	ſd .	(Specify city or town, o Specify whether injury occurred in INDUSTRY, in HOME, or	in PUBLIC PLACE.
8. BURIAL, CREMATION, OR	REMOVAL			Mannar of injury	
Place Secur	ıty	Date Marg	2h_11,19_35	Neture of Injury	
9. UNDERTAKER Thee (Addrass)	ed P.	ule		24. Was disease or injury in any way related to occupation of if so, specify	
0 FILED 3-13-	10.35-1	MONB	1/300	(Signad) M.D.C.	- 15-27 MD
v. 1 1660 / ,	134-7	01	Registrar.	(Address) Hagerstown,	

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Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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certificate.

Jo back

See instructions on

TION is very important.

V. S. No.

MOTHE

16. BIRTHPLACE (city or town) (State or country)

CREMATION,

(Addrass)

19. UNOERTAKER (Address)

20. FILEO

should state item of infor-

OCCUPA-

Jo

1. PLACE OF DEATH  County W ashing term  Village or City Washington	CERTIFICATE OF DEATH  Registration Dist. No. 30 2  No. St., Ward of death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME August O. Forth	ds. How long in U.S. if of foreign birth? yrs. mos. ds.  St., 2 Ward.  If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH  2 2 193 5 (Month) (Oay) (Year)
HUSBANO of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Oays  If LESS than  1 day,hrs.	22. I HEREBY CERTIFY. That I attended daceasad from, 19, to, 19; death is said to have occurred on the date stated abova, at
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  19. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last workad at this occupation (month and year)  11. Total tima (years) spent in this occupation 2 4	Tamotor Vhule  action de la sutomobile occi-  dent. Injuguere de frac-
12. BIRTHPLACE (city or town) 26 aperature of (State or country)  13. NAME 66 6 House  14. BIRTHPLACE (city or town) Wash Co	Othar Coutributery Causes of Importanca:  tweed skull. Causes  Name of operation
(State or country)	What tast confirmed diagnosis? Was there an autopsy?

Registrar.

23. If daath was due to axternal causes (VIOLENCE) fill in also the following:

Specify city or town, county and State)
INOUSTRY, in HOME, or In PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of

If so, specify

(Signad)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Not

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: 1 week ago 1915 Attack of epilepsy Arteriosclerosis 1 week ago Run over by street car Chronic interstitial nephritis 1921 Peritonitis 3 days ago Cerebral hemorrhage July 5,1927 Other contributory causes of importance: Other contributory causes of importance: May 1,1923 Gallstones Gastroenteritis 1 year

V. S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH	03313
EATH 93-a	

1. PLACE OF DEATH	1	10.00	93-2	and the state of		
County Village or City 164	Enstown	v (M.		Registration Dist.	Zust 2	Ward
Length of residence in city or town	where death occurred 43		death occurred in a horpital or insti			
2. FULL NAME Sa	rale to	· ten	yer			
(a) Residence: No. 32	Madiso (Usuai place of a	w are	St., Ward.	If nonresident give ci	ty or town and State	
PERSONAL AND STA	TISTICAL PARTICL	JLARS	MEDICAL (	CERTIFICATE OF	DEATH	
J. SEX 4. COLOR OR RA	S. SINGLE, MARRIE OR DIVORCED (7		21. DATE OF DEATH	March (Month)	/ 7	(Year)
5a. If married, widowad, or divorced HUGBAND of (or) WIFE of	en Frags	er	61	Y CERTIFY, T		sed from
6. DATE OF BIRTH (month, day, and year	Jan /3"	1854	I last saw has alive on.	meners	16, 19 8 ; dec	19. Lath Is said
7. AGE Years Mor		If LESS than	to have occurred on the date sta	ated above, at	m.	
8/	/ //	day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and related causes of it	,	te ol onsat
8. Trada, profession, or particular kind of work dona, as SPINN SAWYER, BOOKKEEPER, etc	ER, atth	rus	acule m	yocarcul	is 8/	16.13
			<i>(</i>	/		
work was done, as SILK MILL SAW MILL, BANK, etc	11. Total tima spent in occupati	I this				
12. BIRTHPLACE (city or town)	inchest	W	Other Contributory Causes of im	portance:		
(State or country)	0.11	Vas-	artenas.	ocheron	- 1	fear
13. NAME (City or town)	never	-				
14. BIRTH LACE (city or town)	Wiener	laker	Name of oparation		Date of	
(State of country)	12	la.	What test confirmed diagnosis?_		Was there an autops	sy?
15. MAIDEN NAME	Home	ay	23. If death was due to external c	causes (VIOLENCE) fill in al	so tha following:	
15. MAIDEN NAME // Care  16. BIRTHPLACE (city or town)	Vuchen	er	Accident, suicide, or homicide?_	Date o	f injury,	19
(Stata or country)	7	la-	Where did injury occur?	(Specify city or town,	county and State)	
17. INFORMANT (Address) 3 2 2 44	- Horyes	an	Specify whether Injury occurred	in INOUSTRY, in HOME, o	r in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place	Try 1/Data 3/2	0 ,1935	Manner of injury			
19. UNOERTAKER Bushi	tern Lou	0	24. Was diseasa or injury in any	way ralated to occupation o	f deceasad?	
20. FILED 3 - 8 - 19.3.5	Crosty	MAM.	If so, specify (Signed)	1, 9, 9	onlon	M. O
AVectory,		Registrar.	(Address)	pujed.	lown	MY

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Example II			
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

V. S. No. 1

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D. geager.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH,		
county Washington	Registration Dist. No. 30 2	
Village or City Ha aerstown.	No.142 M. Locust st 4 w	ard
) (If	death occurred in a hospital or institution, give its NAME instead of street and number)	
	ds. How long in U.S. If of foreign birth?yrsmos	_ds.
2. FULL NAME Miss halfering I-u	-nK	
(a) Residence: No. 142 No Locus (Usual place of abode)	St., 4 Ward.	
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	_
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Female VVR: Ye OR DIVORCED (write the word)	mar 17. 1935	
5a. If married, widowed, or divorced	(Month) (Day) (Year)	
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, Thet I attended deceased f	rom
A	Mouth 7, 1935, 10 10014/, 193.	5
6. DATE OF BIRTH (month, day, end year) 7 4 1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	lest saw h_91/ alive on 11111111111111111111111111111111111	sald
7. AGE Yeers Months Days If LESS than 1 day,hrs.	to heve occurred on the dete stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance	
94   1   9.   ormin.	were as follows:  Tastine reck of fels Tassen 3-3	isot _
8. Trade, profession, or perticuler kind of work done, es SPINNER, A Du Se www. SAWYER, BOOKKEEPER, etc.	Taverne - La goy Janey 3-2-	35
d Industry or business in which	Chrone Muses It. 1-1	-3/
work wes done, as SILK MILL, SAW MILL, BANK, etc	and deformenting 3-10	2-30
SAW MILL, BANK, etc		يعو
year) - May 1-1935   occupation 50415	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Hagey Stown		
(State or country)		
13. NAME MAY LOVE TOWN HOLD OF STOCKEN.		
4. BIRTHPLACE (city or town) MCQ QYS COUN.	Name of operation Date of Have	
(Stele of Country)	What test confirmed diagnosis?	9
15. MAIDEN NAME SUSAN Saylor.  16. BIRTHPLACE (city or town) Haqays Stown.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
[State or country] [16. BIRTHPLACE (city or town) [17. Carl Q V S 70 CW W.	Accident, suicide, or homicide? 1. P. Date of injury 2 - 2 193	5.
	(Specify city of town, county and State)	
17. INFORMANT 1. The LYEV Fulls (Address)	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL 9.3	tell from roleuro chas	i
Place Hagers Your. Date War 20 1935	Nature of injury Frontine held of fell Heller	w.
AKPAL		
19. UNDERTAKER 11. COLOMBIA (Address)	24. Wes disease or injury in any way related to occupation of deceased?	
3-19- 35 Love + 12-10-1	(Signed) W: Horand Jeoger	1. D
20. FILED Registrar.	(Address) for they mil	
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balismore, Requesting V. S. No. 1.	-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	item
	Every
	RECORD.
	H

tem of inforshould state

PHYSICIANS

stated EXACTL

AGE should be

properly classified.

See instructions on back of certificate.

AUSE OF DEATH in plain terms, so that it may be

TION is very important.

tion should be carefully supplied.

V. S. No. 1

Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

I. PLACE OF DEAT	H			23)	0
CountyWa	shingto	n		Registration Dist. No.	0 2
Village or City Hagerstown			(lf	No. 130 Elm Street St., death occurred in a hospital or institution, give its NAME instead of street and	3 Ward
Length of residence in cit	y or town where d	eath occurred5	25 yrsmos	ds. How long in U.S. if of foreign blrth?r	mosds.
2. FULL NAME	Stella	Lola (	armong		
(a) Residence: No.	130 E1	m Stree	et	St., 3 Ward.	
		(Usual place	of abode)	If nonresident give city or town an	id State
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
Female Whi	te	5. SINGLE, MAI OR DIVORCE Widov	RRIED, WIDOWEO, D (write the word)	21. DATE OF DEATH March 30, (Month) (Day)	, 193 5 (Year)
5a. If merried, widowed, or divor HUSBAND of (or) WIFE of	ranklin	Garmor	ng	22. I HEREBY CERTIFY, That I attended	d deceased from
6. DATE OF BIRTH (month, day	and year) Ju	ly 28,	1888	I last saw he alive on March 29 1835	death is said
7. AGE Years 46	Months 8	Days	If LESS then 1 day,hrs.	to have occurred on the data stated above, at 3:30A m.  The PRINCIPAL CAUSE OF DEATH and related causes of importence	
8. Trada, profession, or pa	rticular		ormin.	were esfollows:	Date of enset
kind of work dona, SAWYER, BOOKKEE	as SPINNER, PER, etc	Home V	lork	Chronic Myocarditis	3 his
	which			7 0	
SAW MILL, BANK, e	tc	11 Total	tima (years)		
this occupation (mor	ith and	sps sps	ent in this		
12. BIRTHPLACE (city or town)	Shelb	yville		Other Contributory Causes of importanca:	
(State or country)		ct I I ct		Luberculeris & Lung	4 mis
	d Colée				
14. BIRTHPLACE (city or to (State or country)	wn) Near In	-Shelby diana	VILLE	Neme of operation Date of What test confirmed diagnosis? Was there en	
# 15. MAIDEN NAME R	ebecca :	Matthew	S	23. If death was due to external causes (VIOLENCE) fill in elso the following	
15. MAIDEN NAME R  16. BIRTHPLACE (city or to  (State or country)	wn) Shel Ind	byville iåna		Accident, suicide, or homicide? Oata of injury  Where did injury occur?	, 19
17. INFORMANT Edwi (Address) Ha.e	n Garmo erstown			(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	ale) LACE.
18. BURIAL, CREMATION, OR R	EMOVAL		il 1 <sub>19</sub> 35	Menner of injury	
	W. Kra			24. Was disease or injury in any way related to occupation of deceased?	
20. FILEO 7 7 - , 1	rstown,	Shory	4130cm	If so, specify  Office of Signed)  (Address)  (Address)  Juganhow  (Address)	M. I
			Registrar.	(Address)	7

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	95	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
13 3			

OCCUPA

J0 plnods 1. PLACE OF DEATH

4. COLUR OR RACE

Village or City

2. FULL NAME (a) Residence: No.

5a. If married, widowed, or divorced HUSBAND of

STATE OF MARYLAND—CERTIFICATE OF DEATH (211-m Registration Dist. No. give its NAME instead of street and number) How lone in U.S. if of foreign birth? Length of residence in city or town where death occurred PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH (Month) (Day) (Yaar) REBY CERTIFY, That I attended deceased from to have occurred on the date stated above, at 3// P. m. The PRINCIPAL CAUSE OF DEATH and related causes of importance Date el onset (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, Ir in PUBLIC PLACE. 24. Was disease or injury in any way related to occupation of deceased? If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstanes	May 1,1923	Gastraenteritis	1 year

infor

OCCUPA-

pluods

1. PLACE OF DEATH

County

19. UNDERTAKER

(Address)

Washington

Length of residence in city or town where death occurred\_\_

Village or City Hagerstown

Hagerstown

	94-2
	Registration Dist. No. 302
•	No. 30 Laurel Street St. 5 Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?yrsmosds.
fenberg	4
reet ee of abode)	St., 2 Ward.  If nonresident give city or town and State
TICULARS	MEDICAL CERTIFICATE OF DEATH
RRIED, WIDOWED, ED (write the word) TIEd	21. DATE OF DEATH March 1, 193 5.  (Month) (Day) (Year)
nberg	22. The HEREBY CERTIFY. Thet of attended deceased from 1935 to March 1, 1935
2, 1869	I lest saw h M elive on March 1 1972 deeth Is said
If LESS than	to have occurred on the dete steted above, at $7:50P_m$ .
ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importenca were as follows:
eper	18
old Storag	e Cororary Mombosis litear
ctory	Contract Mountain
time (yeers) cant in this cupetion	0
	Other Contributory Couses of Importence:
	hallen 12day
g	Orthunga Things
	Name of operation Deta of
	What test confirmed diagnosis? Was there an autopsy?
	23. If death wes due to externel ceuses (VIOLENCE) fill in elso the following:
	Accident, suicide, or homicide?
nhore	(Specify eity or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
nberg	
A 75	Manner of Injury
. 4 ,135.	Nature of injury
	24. Was disease or injury in any wey related to occupation of deceased? 100
1/-1	If so, specify
Registrar.	(Signed) M. D. (Address) A 44 M MM D.
ACKINGI.	, 1001030)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. A No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

)	WITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	maton should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
FOR BINDING	IS A PERMANENT	stated EXACTL	properly classified.	-ertificate.
ARGIN RESERVED FOR BINDING	H UNFADING INK-THIS	y supplied. AGE should be	ain terms, so that it may be	THON is very important. See instructions on back of certificate.
	WWITE PLAINLY, WIT	matton should be carefully	CAUSE OF DEATH in pla	TION is very important.

1. PLACE OF DEATH	CERTIFICATE OF DEATH 03317
	Registration Dist. No. 22 No. 4412 E. Fyauklin - St., 4 William death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs	ds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME Deorge ITaxion	iann
(a) Residence: No. 449, E Frankling (Usual place of abode)	St., 4 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Y W & Y & Y & S & Y & Y & Y & Y & Y & Y & Y	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. WALLER EBY CERTIFY That I attended deceased f
F1 12 1879	I last saw h Land alive on March 16 1935: death is
6. DATE OF BIRTH (month, day, and year 18 19.  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
[ I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, a LS mau.	Tolorand M. cont.
9. Industry or business in which	Chronie Myseardous :
kind of work done, as SPINNER, culled Sympa Carlos SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this securation (month and	Montal m and all Dill
10. Date deceased last worked at this occupation (month and spent in this	unel & Pullman Odema / MAR.
this occupation (month and year) - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 101 - 1	103
12. BIRTHPLACE (city or town) Cyeageystown.	Other Contributory Canses of Importances
(State or country) Md	·
13. NAME Geo. W. Hann.	
13. NAME (Jev. W. Hann.  14. BIRTHPLACE (city or town) C Y eagey stown.	Name of operation Date of
(State or country)	
15. MAIDEN NAME TO LICE CLASS	
	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town C Y eage y stown (State or country)	Accident, suicide, or homicide?
TP 0110	Where did Injury occur? (Specify city or town, county and State)
(Address) Everes (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place Y ea geystown. Date May 19 1935	Manner of injury
	Nature of injury
19. UNDERTAKER ( ) D. Caxxxxxxx	24. Was disease or Injury in any way related to occupation of deceased?
(Address) Hagey's form, led	If so, specify
20. FILED 3-18-, 1935 Chast Howers	(Signed)
Registrar.	(Address) Ingenslown, Ind.

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9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis		1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephri	itis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	1935	July 5, 1927	Peritonitis	3 days ago	
	Landon and W.S.	113			
Other contributory cau	ses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenterilis	1 year	
			1		

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03318
1. PLACE OF DEATH	
County Washing on	Registration Dist. No. 302
Village or City & agint town	No. 664 Ock Med 92/St., 4 Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a horpital or institution, give its NAME instead of street and number)  de. How long in U.S. if of foreign birth?
2. FULL NAME DETTEL V. Har	tte
(a) Residence: No. 6 G 4 Oak Hill (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Mar (Day) (1935)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attanded deceased from
(or) WIFE of	Och 1 193x, to Must 17, 19135
6. DATE OF BIRTH (month, day, and year) 7 18 18 18 18 18 18 18 18 18 18 18 18 18	I last saw h. La alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
64 / I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance wera as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, A House SAWYER, BOOKKEPER, atc.	(as comon a
9. Industry or business In which	W when
work was done, as SILK MILL, SAW MILL, BANK, etc	
this occupation (month and //34 spent in this year)	
12. BIRTHPLACE (city or town) 26 agentown,	Other Contributory Canses of importance:
(State or country) hud.	none i
13. NAME Wand S. Narle	
14. BIRTHPLACE (city or town) Lewers	Nama of operation
(State or country)	What test confirmed diagnosis? Was thera an autopsy?
15. MAIDEN NAME Coly Our Gano	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (Stata or country)	Accident, suicide, or homicide? Data of Injury, 19
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Addrass) 66 60 alc XIIII lave.	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Caginatary Data /20.,1931	Nature of Injury
19, UNDERTAKER EUSUSY O COUS	24. Was diseasa or injury In any way related to occupation of deceased?
(Address) The Englowing Mid	If so, specify
20. FILED 3-18- 1935 6 hasfilowers	(Signed) M.D.
Registray	(Address) At a send from his

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE I	FOR FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH (13319)
1. PLACE OF DEATH	(542)
County Washington	Registration Dist. No. 302
Village or City De Control Village or City De Co	No. 149 Summet aux, Z Ward
/ A	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or fown where death occurred yrsmos	7/
2. FULL NAME Alla lever	Cartman
	vest., ≥ Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March 2 h
Jemalo White sugle	(Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of	22. / I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	Feb 1- 1975 to Marol 26 1975.
6. DATE OF BIRTH (month, day, and year)	I last saw hu alive on Mar 23 - 1971; death is said
7. AGE Years   Months Days   If LESS than	to have occurred on the date stated above, at
87 6 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular	Lucior of Core
kind of work done, as SPINNER, at House	surrousing devolucion: -lorge not know
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	mass, inregular in contain a extending two
	inches layand median lines Probably none
year)	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Recurrent vouching _ 3 many
13. NAME Deug Wartunger  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME ROOMULE  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Lay C. Particular	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	
Place S. A. Marioval. Date 3/2 9 19 80	Manner of injury
	Nature of injury.
19. UNDERTAKER OLLIKULEY	24. Was disease or injury in any way related to occupation of deceased?
(Address) Alay Confidence (Address)	If so, specify
20. FILED 2 - 27 -, 19 35 10 Mass 1 10 ours	(Signed) M. D.
Registrar.	(Address) - Address

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail mcrchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

A- te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
n of infor- ould state OCCUPA-	1. PLACE OF DEATH	600
	County Make "	Registration Dist. No. 204
	MVillage or City Lange & C. ()	Consta HO 5 Miles & He was
	Thingse of only the same of th	death occurred in a hospital or institution, give its NAME instead of street and number)
n NS n	Length of residence in city or town where death occurred mos	ds. How long in U.S. if of foreign birth?yrsmosds
Every CIANS tement	2. FULL NAME CARSO CHISUS	14 Nas 184
RD. Every YSICIANS statement	(a) Residence: No. / Day - Hall	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
RED.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
K. K.	3. SEX 4. COLOR OR-RACE 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write, the word)	21. DATE OF DEATH
d L L	71 / me Dulle.	(Month) (Day) (Yeer)
IDING A C T I assified	5a. It married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased tron
MAMA	(or) WIFE ot	Feb. 1 , 19.35, to march 2 4, 19.35
BINDIN EENAANI EXACT y classific	6. DATE OF BIRTH (month, day, and year)	I last saw It alive on wash 24, 1935; death is said
d d d	7. AGE Years Months Oays It LESS than	to have occurred on the date stated above, et 2:15-Pem.
FOR BI	8/ 7 / 10   1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
F(s 15)	Trade profession or perticular	Citime arturalersis Data of onset
HIS he pe of of	kind ot work done, as SPINNE MAN MINE SAWYER, BOOKKEEPER, etc. 1904 M. M. G. T.	mild hypertinerian
RESERVED IG INK—THIS IGE should be that it may be ons on back of	9. Industry or business in which work was done, as SILK MILL,	archial Remarchage 3-24
INK-T should t it may on back	SAW MILL, BANK, etc. 11. Total time (yeers)	
INI INI E sl at it	this occupation (month and spent in this year)	
RESONG I	971 1.16	Other Contributory Causes ot Importance:
IN DIN	12. BIRTHPLACE (city or town)  (State or country)	
MARGIN REUNFADING supplied. AGI	E 13. NAME / Survey	
A D H 4	E Waste Joursey	N
	14. BIRTHPLACE (city or town)	Name et operation
WITT efully in pla	E 15. MAIOEN NAME // April 1111	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
2 %		23. It death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?
AMNLY, id be car DEATH	16. BIRTHPLACE (city er town)  (State or country)	Where did injury occur?
be imp	Maples Callerana	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
A D G Y	17. INFORMANT DO MOVEME OF ASSETS	
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
SE SE	Place Mucacl Sypete 11 76 4930	Nature of injury
When marron CAUSE TION is	US Level see a	24. Wes disease or injury in any wey related to occupation of deceased?
I SECE	19. UNDERTAKER (Address)	If so, specify
Z B C	01. cal 10 land	(Signed) Juster Q. Folias M. I
× z	20. FILED Registrar.	(Address) Hancock md.
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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SICIANS	PLACE OF DEATH County Washington	STATE OF MARYLAND  CERTIFICATE OF DEATH  Registration Dist. No. 302
ORD ACTLY. PHYSI	Village or City Hagerslower O. T. D.  2 FULL NAME announced of Ro.	St.; Ward)  [If death occurred in a hospital or institution, give its HAME instead of street and number.]
X	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
DING MANENT be stated pperly class	3 SEX 4 COLOR OR BACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH	16 DATE OF DEATH March 23, 1935 (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from March 23, 1935, to March 23, 1935,
IS A GE shown may be ck of ce	7 AGE (Month) (Day) (Year)  7 AGE   It LESS than   1 day, hrs.   OR min. ?	that I last saw h.t.m. alive on
FADING INK THIS refully supplied. A n terms, so that it instructions on ba	B OCCUPATION (a) Trade, protession, or farticular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE	Unknown ( Deather letter affarently 24 thours probably 2 thours probably 2 thousand probably 2 thousand 2 thou
NET, WITH UNI	(State or country) Augustown (2)  10 NAME OF FATHER ROSCO H. Hicks  11 BIRTHPLACE OF FATHER (State or country) Washing two Co. M. A.  12 MAIDEN NAME OF MOTHER 2/ D. D.	(Signed) (Buralion) yrs. mos. ds.  (Signed) , M. 0.  Ma. 23, 1855 (Address) Generalle, Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
W WE PLA	of Mother Heliu Hilbyers  13 BIRTHPLACE OF MOTHER (State or country) Franklin Go Pa.  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Roses H. Hilss	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. mos. ds. State, yrs. mos. ds.  Where was disease contracted, If not all place of death? Former or usual residence
V. S. No. 1. N. B.—Every iter should st	(Address) Hagestownlad R 2 Filed March 33, 494 Huge It Brewbates Lightly Freak REGISTRAR	David Martine Screwalt Parents

[Approved by U. S. Census and American Public Health Association.]

write None business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from -Caal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as House-"Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age. precise specification as Day laborer, Farm laborer, Laborer mobile factory. is provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-Housework, or At Home, and children, not gainfully For persons who have no occupation whatever, Statianary fireman, etc. But in many cases, The material worked on may form part Locomotive engineer, Civil

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia, "Puerperal peritonitis," etc. State cause for which "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conon statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telunus) may be stated head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chapneumonia (secondary), 10 ds. ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ..... cause. Always qualify all diseases resulting from child-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neeplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere mound!

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County (Cashinster)	Registration Distriction Distriction
Village or City Haal Octor	No. Bellince Cliffy Ward
	death occurred in a horpital or institution, give its NAME is and of street and number)  ds. How long in U.S. If of foreign birth?
	V
2. FULL NAME AND MUSICIPAL AND	St. 5 Ward.
(a) Residence: No. 7 Multiple (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	21. DATE OF DEATH
male Oslore Clidous	(Month) (Day) (Year)
5a, If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of	mar 5 ,1935 to mar 27 ,1936
6. DATE OF BIRTH (month, day, and year) Wyllown 1886	I last saw h Len alive on Man 27 , 1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated abova, at LlQm.
49 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
Z Trade, profession, or particular	Chr. Endocardetes ?
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	Cles myogarditis ?
9. Industry or business in which work was done, as SILK MILL.	Cles nepleutes 3
10. Data deceased last worked at	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town) and exercises	Other Contributory Causes of importance:  My occasoral Faelus 3/24/3
(State or country)	
13. NAME LAS PROGRA	
14. BIRTHPLACE (city of town)	Nama of operation
(State of country)	What test confirmed diagnosis? Pkey Was there an autopsy? Was
15. MAIDEN NAME AND THE WAY 16. BIRTHPLACE (city or town)	23. If death was due to external causas (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?, 19, 19
E (State on country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OF REMOVAL	Manner of injury
Place Bollowice 1 Date 3-29,195	Nature of Injury
John more land duel of	24. Was diseasa or Injury In any way related to occupation of daceasad?
19. UNDERTAKER (Address)	If so, specify
3/28/ 35 Way H12 2000	(Signed) OHTQuikley M.D.
20. FILED Registrar.	(Address) Hugerstone Jack
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	N. B.+WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECARD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	ent of OCCUPA.	
1G	ENT RECAD. E.	TLY. PHYSICI.	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
ARGIN RESERVED FOR BINDING	S IS A PERMAN	stated EXAC	properly classifi	certificate.
N RESERVE	JING INK-THI	AGE should be	so that it may be	ctions on back of
ARGI	, WITH UNFAL	arefully supplied.	I in plain terms,	tant. See instru
•	WRITE PLAINLY	ation should be ca	AUSE OF DEATH	TION is very important. See instructions on back of certificate.
V. S. No. 1	N. B.+	)	0	T

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County Cloashington	Registration Dist. No. 302
Village or City Tagustone	No. 210 East Que. St. 4 Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred vyrs mos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Charles B. Hiff	nan:
(a) Residence: No. Hagestone Mid	, St., # Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A
OR DIVORCED (write the word)	2. DATE OF DEATH Luch Z 193
Male White Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFA, Mat I attended deceased from
toffman	The 12 5, to 10 2, 1930
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE / Years Months Days If LESS than	to have occurred on the date stated above, at
ubout 64 years 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
Bullade, profession, or particular	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which	my comments
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Total time (years) this occupation (month and	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) - 1930 spent in this occupation 25 40	
12. BIRTHPLACE (city or town) Myllsville	Other Contributory Causes of Importance:
(State or country) 7 24. 0 6. md-	Arten 18 Curay 19%
13. NAME Cosials Hottman	
13. NAME Josieh Hoffman.  14. BIRTHPLACE (city or town). Myeraville.	Name of operation Date of
(State or country) Aned. O Car md.	What test confirmed diagnosis?
15. MAIDEN NAME Margaret Hessons	23. If death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Mangaret Hessons 16. BIRTHPLACE (city or town) Welland	Accident, suicide, or homicide? Date of injury, 19
E (State or country) fred. Co- Md.	Where did injury occur?
17. INFORMANT Mrs. Cilie Hostman	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Hagesthus Md, 20 E. ave.	
18. BURIAL, CREMATION, DR RIMOVAL Place Myssielle Md. Date March 5, 1935	Manner of injury
Place Mylande Ma. Date March 5, 1935	Nature of injury
19. UNDERTAKER (D. ). Ogst 4 Soy	24. Was disease or injury in any way related to occupation of deceased?
(Address) Boonelong Md.	If so, specify
80. FILED 3-4-, 1930 Chast To owen	(Signed) M. D.
Registrar.	(Address)

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH

Who have to		46,20	3 1
County Mashingle.	<i>w</i>	Registrat	ion Dist. No. O
Village or City Conelor	vir	No.	St,
Length of residence in city or town where death	n occurred all vis mos	f death occurred in a hospital or institution, give its No.  How long in U.S. if of foreign births	
2. FULL NAME Goreal	Hoffman	V	
(a) Residence: No.	Rasser	St., Ward.	
PERSONAL AND STATISTICA	(Usual piace of abode)	MEDICAL CERTIFICA	dent give city or town and Sta
1		21. DATE OF DEATH	TE OF BEATH
Mall White	OR DIVORCED (write the word)	A. DATE OF BEATH	(Oay)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	Weibert	22. HEREBY CERT	I FY, That I attended dec
C DATE OF DIDTH (mostly days of the control of the	· h	last saw here alive on Marca	100 W
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, at.	
about 84	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related	
8. Trade, profession, or particular	ormin.	were at follows:	,  7
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	et Grower	Mary	4 /
Industry or business in which work was done, as SILK MILL,			
SAW MILL, BANK, etc	11. Total time (years)	of Hires	
this occupation (month and year)	spent in this	7	
	Luna BFD	Other Contributory Causes of importance:	904 907
12. BIRTHPLACE (city or town) and (State or country)	ash.	-	
13. NAME Peles Hof	Lunan		
14. BIRTHPLACE (city or town)		Name of operation	Deta of
14. BIRTHPLACE (city or town)	many	What test confirmed diagnosis?	Was there an aut
15. MAIOEN NAME	ennel	23. If death was due to external causes (VIOLENC	
16. BIRTHPLACE (city or town)	etain md.	Accident, suicide, or homicide?	
E (State or country)	9 10	Where did injury occur?	
17. INFORMANT Mrs Keefiles (Address) Someton	on Timo	Specify whether injury occurred in iNDUSTRY, I	ty or town, county and State) n HOME, or in PUBLIC PLAC
18. BURIAL, CREMATION, OR REMOVAL	1.1	Manner of injury	
Place Swillshing	Oate March 6, 1935	Nature of injury	
19. UNDERTAKER Alliam &	Downey	24. Was disease or injury in any way related to o	ccupation of decoased?
Ma (C) 315	119	(Signed)	oliles
20. FILED/10/1-3, 1931	I despuso	(Address)	Laleiso

If more blanks are needed, padress State Registrar, 24

STATE OF MARYLAND-CERTIFICATE OF DEATH

NOSt., alh occurred in a horpital or institution, give its NAME instead of street and	number)
ds. How long in U.S. if of foreign birth?yrsn	
Ci Wand	
St., Ward.  If nonresident give city or town an	d State
MEDICAL CERTIFICATE OF DEATH	
1. DATE OF DEATH	
(Month) (Oay)	, 193 0
(Uay)	(Year)
3.   HEREBY CERTIFY, That I attended	deceased from
year 4 , 1934, to Mar 5	, 193.
Plast saw he alive on Marca 5 1935	; death is said
to have occurred on the date stated above, atm.	
The PRINCIPAL CAUSE OF DEATH and related gauses of importance were at follows:	I D. A. Sansah
forming.	Date of onset
(Misalyment)	agent
	1
of five	1734
7 1000-0	
Other Contributory Causes of importance:	
-	
Name of operation Date of.	(
What test confirmed diagnosis? Was there an	autopsy?
3. If death was due to external causes (VIOLENCE) fill in also the following	
Accident, suicide, or homicide? Date of Injury	, 19
Where did injury occur?	
Specify whether injury occurred in iNDUSTRY, In HOME, or in PUBLIC P	ate) LACE/
	(
Manner of injury	-4
Nature of injury.	
24. Was disease or injury in any way related to occupation of decoased?	/
If so, specify	
(Signed) 4 G. Howes	
(Assum)	
TIN Charles Street Balamare Requesting 7) S No. 7	*

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	

STATE OF MARYLAND—CE	RTIFICATE OF	DEATH
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02295

1. PLACE OF DEATH	(23)
County Washington	Registration, Dist. No. 302
Village of City Hagerstown Md.	No. Wash Cause Ward St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)  s. ds How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Joseph Hopewell  (a) Residence: No. 112 W. North  (Usual place of abode)	St., 5 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Male Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH  March  (Month)  (Oav)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Sengle  6. DATE OF BIRTH (month, day, and year)	22. I HEREBY CERTIFY. That I attended deceased from Mar, 15, 1935, to Mar 18, 1935.  I last saw h alive on Mar 18, 1935; death is said
7. AGE Years Months Days If LESS then 1 day, hrs. or lday,	to have occurred on the date stated abov (Q30 A) m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of anset  Date of anset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Other Contributory Canses of Importance:
12. BIRTHPLACE (city or town) Hagerstown (State or country) Md  13. NAME Hunry Hopewell  14. BIRTHPLACE (city or town) Washington County	Nama of operation 22 Only Date of
(State or country) Md	What tast confirmed diagnosis? Play Ey Was there an autopsy? 22.  23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Address) Hagerstown, Ma.  18. BURIAL, CREMATION, OR REMOVAL Place Hagerstown, Md. Date Mar 20, 1935	Manner of Injury
19. UNOERTAKER Fred W. Kraiss (Address) Hagerstown, Med 20. FILEO 3-/9-, 1835 Charff Source	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) M.B. B. B. B. M.D. M.D.
20. FILEO 3-19-, 1835 OKULH Sower Registrar.	

V. S. No.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND-	CERTIFICATE OF DEATH 03326
1. PLACE OF DEATH	(121)
County Washington	Registration Dist. No. 302
WITH MORPORATE UM	1.814 / O. K. 1'41 3
	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME OVA M. Joen	ringly
(a) Residence: No. Full Colore	high V Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
fruck white OR DIVORCED (write the word)	2 22 , 193 5
Ea. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of A See of 16. Sa Punios	22.   HEREBY CERTIFY, That I attended deceased from
10 Port	3/1/, 193), to 3/22, 1935
6. DATE OF BIRTH (month, day, and year)	I last saw hear alive on 3/22 , 1935; death is said
7. AGE Years Months Bays If LESS than	to have occurred on the date stated above, at7_30.f_m.
49 8 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	acute abdominal assus profably Date of onset
Kind of work done, as SPINNER, Revuserifs SAWYER, BOOKKEEPER, etc.	appendual 3/17/3
Industry or business in which work was done as SILK MILL	Paralytic Stews Sutestinal
work was done, as SILK MILL, SAW MILL, BANK, etc	abstruction. 3/22/3
10. Date deceased last worked at this occupation (month and spent in this 2	Unitilised Herry 1920
year) occupation	Other Contributory Causes of importance
12. BIRTHPLACE (city or town) Wash C	auxillar Fibrillating well 3/22/3
(State or country)	Mynabel Failur
13. NAME Irlue a Taltert	
13. NAME Volume a Taltert  14. BIRTHPLACE (city or town) Wash - co	Name of operation Dernistonial Completed Date of 3/22/3
(State or country)	What test confirmed diagnosis? Multin Was there an autopsy? All
15. MAIDEN NAME Many EO.	# 1
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place - 16 L. Date 3/25 19 31	Manner of injury
15.15	Nature of injury
19. UNDERTAKER Jemstiter was	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify for formally
20. FILED 5 24 1935 & Wash Bowes	(Signed) y. D
Registrar.	(Address) / Jewanny / Jagent Mg
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Attack of emileness	
Attack of epitepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago
Other contributory causes of importance:	1 year
	Peritonitis

WEIGE PLAI

V. S. No. 1 N. B.

STATE OF MA	RYLAND-	CERTIFICA	ATE	OF I	DEATH
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()	15	1)	-	6

1.	PLACE OF DEATH	(aux)		
	County Chashington	Registration Dist. No. 30.5		
	IS A	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.		
2.	(a) Residence: No. Bookston Thyr	St., Ward.  If nonresident give city or town and State		
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SE	nale White OR DIVORCED (write the word)	21. DATE OF DEATH  Muscle (Month)  (Day)  (Year)		
ER CCCUPATION 2 9 9	### ATE OF BIRTH (month, day, and year)  #### OF BIRTH (month, day, and year)  ###################################	22. I HEREBY CERTIFY, That I attended deceased from  Tulend Hereby Certify, to March 9, 19 0 1  I last saw he said alive on March 9, 19 3 1, death is said to have occurred on the date stated above, at 7 10 7 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:  Date of onest  Date of onest  Other Contributory Causes of Importance:		
A E	14. BIRTHPLACE (city or town) Books Onslow	Name of operation Date of		
2 1	(State or country) Evash. Co. md.	What test confirmed diagnosis? Was there an autopsy?		
ON is very importan	15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  NEDRMANT  (Address)  PURIAL, CREMATION, OR REMOVAL  Place Sandon Mal Date March: 22, 19:35	23. If death was due to external causes (VIOLENCE) fill In elso the following:  Accident, suicide, or homicide?		
	(Address) Boonstono md.  FILED March. 22, 1935 William D. Bank.  Registrar.	If so, specify  (Signed)  (Adgress)  (Adgress)  (Adgress)		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis .	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		V		

STATE OF MARYLAND—CERTIFICATE OF DEATH

BINDING FOR RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Year)

Date of onset

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
041			
Other contributory causes of importance:		Other contributory causes of importance:	77745
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

	ADDAR
1. PLACE OF DEATH	95.8)
county VVasnington	Registration Dist. No. 302
Village or City H.G. Q. P. V. STO U. W.	No. 404 Ridge Ara St. Z. Ward
	death occurred in a hospital or institution leive its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mary Louise Ja	hns-
(a) Residence: No. 404 (Visil place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	March 27 1935
50 If married wildward or discoord	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Chas E.	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) \ CALLELE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	I last saw h alive on 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3. A. m.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
5912 6. ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER.	
SANTER, DOURREETER, OIL	Cente hear assume
9. Industry or business In which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
O this occupation (month and (a spent in this	
yaar) Le C. 1 34   occupation 2 94 (S.	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Dreathe Isabelle	
(State or country) m &	
I 13. NAME / NEW YOUR -	
13. NAME War Heavy May  14. BIRTHPLACE (city or town) Hay exstour.	Name of operation Oate of
14. BIRTHPLACE (city or town) + Lea ex Stourn.  (State or country)	
E 15. MAIDEN NAME Welia Bunchell	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(Stata or country) Serange.	Where did injury occur?(Specify city or town, county and State)
17 INFORMANT Chas E Johns.	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Hagerstown red.	
18. BURIAL CREMATION, OR REMOVALL CON	Manner of injury
Place Hage ystown Date War 25, 1935	Nature of injury
ax Cax	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER 1 CO KYMI QUE	
2/501 3000	If so, specify
20. FILEO 7/25/, 125 - OKOST 100000	(Signed) O feethers Druffey, Common M. B.
Registrar.	(Address)

STATE OF MARYLAND—CERTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	3.46
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Others and the Asset Control			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	JRTHER STATEMENT	$\mathbf{S}$ $\mathbf{B}\mathbf{Y}$	PHYSICIAN
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V. S. No. 1

CTATE	OF	MADVI	AND-	CERTIFIC	ATE	OF	DEA	TH
SIAIL	UF	MARYL	-עאף	CERTIFIC	AIL	UL	DEA	

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U	J.	J	()	1)

1. PLACE OF DEATH	93-6
County Couston	Registration Dist. No. 360
Village or City Shanpstring	NoSt.,Ward  (If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence In city or town whare daeth occurredyrs	_mosds. How long in U.S. if of foralgn birth?yrsmosds.
2. FULL NAME Henry Marion	Johnson
(a) Residence: No. Sharksburg: M. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDDWE OR DIVORCED (rurite the world)	
5a. If matriad, widowed, or divorced HUSBAND of (or) WIFE of Sallie L. Johnson	22. Much 1 1935 to March 7 , 19 36
6. DATE OF BIRTH (month, day, and year) Marcha. 17. 18.5	7 I last saw h im alive on March 5 , 19.34; daath is said
7. AGE Yaars Months Days It LESS to	
77 11 20 1 day,	I HIGH KINCH AL CAUSE OF DEATH and language causes of importance
8. Trade, profassion, or particular kind of work done, as SPINNER,	
6. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or businass in which	Chroice Myocardiles 1930
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date decaased last workad at this occupation (month end spent in this	_
year) occupation	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) harpaburg	Asterinselennies with Traquition
	- / menomenous with meaning
13. NAME A surry charges 14. BIRTHPLACE (city or town) Sharfadrug	Name of operation Dete of
(State or country) Wash, O. Md.	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth M2 Coy.	23. If death was due to external causes (VIDLENCE) fill in elso the following:
15. MAIDEN NAME Eligabeth mc Coy.  16. BIRTHPLACE (city or town) Sharpsbrug!	Accidant, suicide, or homicida? Date of injury, 19
(State or country) Wash, Co. 7nd	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT AND Sallie de Johnson (Addrass)	Spacify whether injury occurred in INDÚSTRY, in HDME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL Place Narpsburg Data March 10., 19	Manner of injury
19. UNDERTAKER PLAY D. Bapt YSb	24. Was disease or injury in eny way related to occupation of daceased? 100.
20. FILED / S 1985 Eel Boyer	(Signed) Se Gelgn M. D.
Registr	(Address) Bronslow.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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ING INK-THIS IS A PERMANENT R. D. Every item of infor-AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-Y, WITH UNFADING INK-THIS IS A PERMANENT R CAUSE OF DEATH in plain terms, so that it may be properly classified. IARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. should be carefully supplied.

V. S. No. 1

STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH

()	")	0)	19	1
U	()	1)	0	Ä

1. PLACE O	F DEATH			(131)	- /		
County Washington				Registration Dist. No. 3021			
Village or (	City Hagerstov	(n,	(If	No. 201 N. Jonathan Streetst., S Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)  as. ds. How tong in U.S. if of foreign birth? yrs. mos. ds.			
			y15,1nos	5			
	ME Howard L			St. 5 Ward.			
(a) Resider	nce: Np. 117 N.	(Usual place of	ahode)	St., Ward.  If nonresident give eity or town and State			
PERSON	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH			
3. SEX Nale 4. COLOR OR RACE No. Divorced (write tha word) Narried Narried			(write tha word)	21. DATE OF DEATH  March 6, (Day) (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Elizabeth Knode			Cnode	22. I HEREBY CERTIFY, That I attended deceased fr			
C DATE OF DIRTH	(month, day, and year) Usu	Lucian 18	391				
	ars Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at	te of onset		
8 Frade, profession, or particular kind of work done, as SPINNER, Truck Driver SAWYER, BDOKKEEPER, etc. Truck Driver 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total tima (years) this occupation (month and specific property of the securation of the security			ver	777	Jan 1730		
10. Date decear	sed last worked at upation (month and	11. Total tin spent occup	na (years) tin this pation				
12. BIRTHPLACE (c	eity or town) Washir untry) Marj	gton Cou	inty	Other Contributary Causes of importance:	970		
13. NAME	Harry G. Kno	de					
	E (city or town)Wa.sl	ington (	County	Name of operation Date of What test confirmed diagnosis? Change Was there an au'op	sy? Wo		
15. MAIDEN N	AME Alice Ke	endall		23. If death was due to external causes (VIOLENCE) fill in also the following:			
15. MAIDEN NAME Alice Kendall 16. BIRTHPLACE (city or town) Washington County (State or country) Maryland				Accident, suicida, or homicide? Date of injury  Whera did injury occur? (Specify city or town, county and State)	19		
17. INFORMANT Mrs. Mary E. Knode, (Address) Hagerstown, Md.				Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL Place Sharpsburg, Md. DateMarch 9,, 1935.				Manner of injury			
19. UNOERTAKER (Address)  20. Filed 3	Fred W. Kra Hagerstown,	iss.	Registrar.	24. Was disease or injury in any way ratated to occupation of deceased?  If so, specify  (Signed)  (Address)	2M. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(8)
County	Registration Dist. No.
Village or City 76 day 27 day 27 day	No. Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Still bom (Lan	edes/ Martin Le With
(a) Residence: No. 722 Vas ave	S. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  3 2 (Month) (Oay) (Yeer)
5e. If married, widowed, or divorced HUSBAND of	(month) (day) (reel)
HUSBAND of (or) WIFE of	1 HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, dey, and yeer) May 26 1935	I last saw h Lun alive on may be 1924; death is sald
7. AGE Years Months Oeys If LESS than	to have occurred on the dete stated above, at 5.30 Pm.
stell by 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
9 Trade profession or particular	Were estimows.
Kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Still Buth-
9. Industry or business in which work wes done, as SILK MILL,	
SAW MILL RANK etc	
10. Date deceased lest worked at this occupation (month end yeer) 11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(Stete or country)	Approximation by
13. NAME - Squeel a an aus	surfice al cost
13. NAME Squared a an aus	Name of operation Oate of
(State or country)	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Eu. and and & Brunk	23, If deeth was due to external couses (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Margaret Amende  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Dete of injury, 19
O 16. BIRTHPLACE (city or town) (Stete or country)	Where did injury occur?
0 A. P. 1:	(Specify city or town, county and State)
17. INFORMANT (Address) 7 2 2 CG (Asses)	Specify whether injury occurred in INDÚSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage Mark and
Plece Hang solver Date 3/28, 1933	Menner of injury
19. UNOERTAKER CALLEBETTE & Sand	24. Was disease or injury In any way related to occupation of deceased?
20. FILED 3/28/ , 1935/ MOST Registrar.	(Signed) Address) Acquesto M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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į į	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF DEATH plnods Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth? \_\_\_\_\_vrs. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) D:0 (Month) (Dev) (Year) BINDING 5e. If married, widowed, or divorced HUSBAND of 22. HEREBY CERTIFY, That I attended deceased from (or) WIFE of 5 6. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Dave If LESS than to have occurred on the date stated above, a 230 Pm. 1 day .... hrs. The PRINCIPAL CAUSE OF DEATH end related causes of Importance or .... min. Date of onset 8. Trade, profession, or particular PATION kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED Industry or business in which may back pluods work was done, as SILK MILL, SAW MILL, BANK, etc .... 10. Date deceased lest worked et 11. Total time (years) this occupation (month end that spent In this. year) \_ 1 = 213 u = 1935 occupation QUAYS 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) . . . . . . . . . . . . . . . . . Name of operation. plain (State or country) efully What test confirmed diagnosis?\_ ----- Was there an autopsy?\_\_. MOTHER 15. MAIDEN NAME Sem, in 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19 16. BIRTHPLACE (city or town). DEATH (State or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT plnods OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Neture of injury LION 24. Wes disease or injury in any way related to occupation of deceesed? 19. UNDERTAKER S. No. (Address) If so, specify Registrar. Hangers Slower.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(12 dame

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il	Example II	= '= 'E
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
0th			
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
Ta the last			

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY. properly classified.

certificate.

See instructions on back of

E OF DEATH in plain terms, so that it may

n should be carefully supplied.

pe

AGE should be

STATE	OF	MARYLAND-	CERTIFICATE	OF	DEATH	03334
FATH .						

1. PLACE OF DEATH	CERTIFICATE OF BEATTI	001
County Washing ton	Registration Dist. No.	-0
Village or City Sharlanders and	No. St	Ward
Length of residence in city or town where death occurred \$13 rs. 11 mos	death occurred in a horpital or institution, give its NAME instead of street and in the street and in	number)
2. FULL NAME CHANGE TOVENO	now long in 0.3.11 of foreign bifter:	0303.
(a) Residence: No.	St. Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 3 22	, 198 5
5a. If married, widowed, or divorced HUSBAND of O	(Month) (Oay)	(Year)
(or) WIFE of Calab (o Lawrence	22. March 18 30 March 22	decaased from
6. DATE OF BIRTH (month, day, and year) May 11 = 1874	I last saw her alive on march v2 1935	: death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 5 45 Am.	,
60 10 11 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance	
8 Trade profession or particular	were as follows:	Date of onset
SAWYER, BOOKKEEPER, etc		
9. Industry or business in which	Physica Musea dita-	1925
SAW MILL BANK atc	January of the	1.(20
10. Oate dacaased last worked at this occupation (month and year)	0	
year) occupation occupation	Othar Contributory Causes of importance:	
12. BIRTHPLACE (city or town)	Asteriorleson	/ 28'A
	Menoclerons	1920
13. NAME JOHN 17 Myers		***************************************
14. BIRTHPYACE (city or town) maple wills ma	Name of oparation Oate of	
(State of Country) Rush	What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NAME Malinda & Smy der	23. If death was due to axternal causes (VIOLENCE) fill in also the following	:
15. MAIOEN NAME Malinda & Sny der 16. BIRTHPLACE (city or towny Kanady sville & Mal	Accident, suicide, or homicide? Date of injury	
(State or country) Wash Co	Whara did injury occur?	,
17. INFORMANT Calab & Lawrence, (Addrass) Shamla Lawrence,	(Specify city or town, county and Stale Specify whether injury occurred in INDUSTRY, in HOME, er In PUBLIC PLA	e) ACE.
18. BURIAL, CREMATION, OR REMOVAL		
Place Khrdys ville hid Date 3 = 25, 1935	Manner of Injury	
19. UNDERTAKER C & Samon + Cp	24. Was disease or injury in any way related to occupation of deceased?	
(Addrass) Kundysville md	If so, spacify	
20. FILED 3/24 1 Elf Beryn	(Signed) A Wallane	M, D.
Registrar.	(Addrass)	

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example II	
S Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes of importance:	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state Exact statement of OCCUPA-WINTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-AGE should be stated EXACTLY. 3 OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED should be carefully supplied.

Do Prother

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(15-2)
county Washington	Registration Dist. No. 35 2
Village or City Tagex stown	Nheirersburg like st Ward
(1)	death occurred in a hospital or institution, give in NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
	maxin.
(a) Residence: No. Les Xeys purg Pince of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word)  The word of the word)	21. DATE OF DEATH  Mad28  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Llouch.	1 HEREBY CERTIFY, That t attended deceased from
6. DATE OF BIRTH (month, day, and year) Seint 28 - 1909	200
6. DATE OF BIRTH (month, day, and year) 2 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
7 5 h 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of one at
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Industry or business in which	Stantocam pertacama
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupetion (month and spear)  year) 11. Total time (years)  spent in this occupetion (coupetion Superior Supe	
Acai) + + (+ A	Other Cautributery Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	, , , , , , , , , , , , , , , , , , , ,
	Maryott
13. NAME VV: 11: au E. Kretzer.	
[State or country]	Name of operation Date of
	What test confirmed diagnosis? Care Mus there an autopsy?
I VALUE I	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) YY (A. 1.) \( \sigma \) \(	Accident, suicide, or homicide?
Many Many King	Where did Injury occur? (Specify city or town, county and State)
(Address) HELDON STOWN ILLICA	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL CREMATION, DR REMOVAL	Manner of injury
Placed coudfording lad Date Man- 31, 1935	Nature of Injury
19 INDERTAKER A. M. COZYMOLI	24. Was disease or injury In eny way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
3/30/ 35/6414/3	(Signed) (Laller M.D.
20. FILED Registrar.	(Address) Horandon Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the certification can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state RD. Every item of infor-Exact statement UNFADING INK-THIS IS A PERMANENT REC stated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may be ton should be carefully supplied. WHITE PLAINLY,

V. S. No. 1

of OCCUPA.

1. PLACE OF DEATH	
County Washington	Registration Dist. No. 302
Village or City & afire town  (If  Length of residence in city or town where death occurred 20, mos	No. 574 Wash St., Ward death occurred in a hospital or institution, give in NAME instead of street and number)
2 FILL NAME Lawes W. Mason	
(a) Residence: No. 514 Wash Jg. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH  3 (Month) (Oay) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIEF of	22. I HEREBY CERTIFY. That I attended deceased from
(ar) WEE of Corw Mason	22. I HEREBY CERTIFY, mattausus prosesses and
6. DATE OF BIRTH (month, day, and year) Feb 22" / F90	I last saw h alive on 3/6, 19.35; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
45 24 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
No Trade, profession, or particular kind of work done, as SPINNER, R. R. Frances	Sum Shat wound
9. Industry or business In which work was done, as SILK MILL, Perusal R. R.	Dell-infliction
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Oata daceased last worked at this occupation (month and spant in this	Esther Hurade or
year) occupation compation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Serveley (Stata or country)	
E	None of according
(Stata or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Wary belaves	23. If death was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida?Oata of injury, 19
(State or country) Lu. Va.	Where did injury occur?
17. INFORMANT JOS. Illasau (Address)  Our of the last and	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Live and Mala Oate 119, 19.3 d	Nature of injury
19. UNOERTAKER Coursuite From	24. Was disease or injury in any way related to occupation of deceased?
(Address)	If so, specify
20. FILEO J 19 35 10 Walf House Registrar.	(Signed) (Address) Megleble M.O.

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S. II				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1	

ADDITIONAL	SPACE 1	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN	

should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(0000)
county Washington	Registration Dist. No. 300
Village or City Sharfshura -	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME COLA Miller	
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH arch 10 193 5
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
n ice wa	, 19, to, 19,
6. DATE OF BIRTH (month day, and year) 7. AGE: Years Months Deys If LESS than	I last saw h; death is said
5-7   1 day,hrs.	to have occurred on the date stated above, et
8. Trade, profession, or particular kind of work done, es SPINNER, Houseufe SAWYER, BOOKKEEPER, etc.	accidental death www. Date of onset
9: Industry or business in which work was done, as SILK MILL.	antomobile accident atombile
SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and year) spent in this occupation occupation.	yest, exusting her head between the can door the
12. BIRTHPLACE (city or town) Sagufles Mannon	Other Contributory Causes of importance:
(State or country) Maryland	
13. NAME Columbias Haines  14. BIRTHPLACE (city or town)  (State or country)  (State or country)	Name of operation
15. MAIDEN NAME Catherine Myers	Whet test confirmed diagnosis?
15. MAIDEN NAME Catherine Myers  16. BIRTHPLACE (city or town)  (Stete or country)  Mausland	Accident, suicide, or homicide? Accidents — Date of injury — 19 — Where did injury occur? ones north of Sharpelang a Washington and
17. INFORMANT Speland W. Miller	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (Mantansburg 160 %	Manner of injury Automobile what
Place West va Date Num 10, 1931	Nature of injury
A to Carbbean	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address) (Bolwar W. (10)	If so, specify
0. FILED 3/13 , 1036 - Bell Bogue	(Signed) Frank H Show as Joff M.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	3 []	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	1,	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

3. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

County Cashing tone				10g	on Dist. No.	306
Village or City	Carbuel	ma so	nd			
			(1)	NoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNoNo.	ME instead of street and	number)
Length of residence i	n city or town where	oth occurred	. / ^	ds. How long In U.S. If of foreign birth?_	yrsm	nosd
2. FULL NAME	mis 14	annal	17. XX	leller		
(a) Residence: No				St., Ward.		
DEPOSIT		(Usual place			ent give eity or town and	d State
PERSONAL A				MEDICAL CERTIFICAT	TE OF DEATH	
7 1 1	LOR OR RACE	S. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, B (write the word)	21. DATE OF DEATH	26-	
Temple &	nuc		loved	(Month)	(Day)	_, 193 (Year)
a. If married, widowed, or of HUSBAND of (or) WIFE of	livorced			22. I HEREBY CERTI	EV That I attended	dosposed fr
(Or) WIFE OT	not me	ulle		, 19, to	2.	
DATE OF BIRTH (month,	day, and year)			I last saw h alive on		47
. AGE Years	Months	Days	If LESS than	to have occurred on the data stated above, at	4	.,
79	9	5	- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ca		
8. Trada, profession, or	particular		, vi	Holos Preser	cman.	Date of ons
kind of work do SAWYER, BOOKI	ne, as SPINNER, (EEPER, etc	mon				
2. Illungtia of publics	s in which					- 6
work was dona, SAW MILL, BAN 10. Data deceased last	K, etc.	12 7-4-14				
10. Data deceased last this occupation (	month and	spe	ime (years) nt in this upation			
	O.a.l		apation	Other Contributory Causes of importance:		3
2. BIRTHPLACE (city or tow (Stata or country)	vn)	end,	en R			
1		2				
	The	- Line	,			
14. BIRTHPLACE (city o (State or country		of the	mes	Name of operation		
15. MAIDEN NAME	Jan- out	- 1 - 0		What test confirmed diagnosis?		
	dea	Fil	- Capit	23. If death was due to external causes (VIOLENCE)		0
16. BIRTHPLACE (city o (Stata or country		To the	red	Accident, suicide, or homicide?	Date of injury	, 19
1	1 7	11	1.11	Whera did Injury occur?(Specify city	or town, county and Stat	te)·
(Address)	14	THE K	di di	Specify whether injury occurred In INDÚSTRY, In	HUME, OF IN PUBLIC PL	ACE.
1///	REMOVAL	1		Manner of injury		
Place A	ewelp.	Date Mars	lu 27, 1935	Nature of Injury		
May	IN	14.	~	24. Was disease or injury in any way related to occ		
9. UNDERTAKER	with	up to	el i	If so, specify	upation of deceased?	
o. FILED Mar. 25	- 31	16/11/2	2	(Signed)		M
	10-3	WILLIAM IN LA	2 CHURCH			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURPAU V S				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PLACE OF DEATH			03339
		STATE OF	
County Mashingtoni	(A) C	ERTIFICATE	OF DEATH
N'11. 0- D P		Registration	Dist. No. 30 7
The control of the co	d & Mary	melo .	(If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL	CERTIFICATE	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.  MARRIED.  WIDOWED.  OR DIVORCED  (Write the word.)	16 DATE OF DEATH	march.	(Day) (Year)
6 DATE OF BIRTH			ended the deceased from
Mance 5 1935		192 to	, 192
(Month) (Day) (Yesr)	7	live on	, 192
7 AGE	7	٠.	lahova at w
Still hour I day hrs.			
yrsds. ormin.?	***************************************	<u> </u>	************************
8 OCCUPATION (a) Trade, profession or		20	
particular kind of work		٦	
(b) General nature of industry business, or establishment in	***************************************		<b>9</b>
which employed or (employer)		(Duration)	mosde
9 BIRTHPLACE (State or country) Washington Co mel	Contributory Secondary	(Durstion)	vis mos di
10 NAME OF	(Signed) M. 9.	Tople	М. Г
1001 Lines	192 (	Address Mass	colour me
OF FATHER Z (State or country)	*State the Diseas	se Causing Death.	or, in desths from
12 MAIDEN NAME 7			jury and (2) Whether
of Mother Mary Mills.	18 LENGTH OF RESID		tals, Institutions, Trans
13 BIRTHPLACE OF MOTHER	At place	In the	
(State or Country) Clearspring My	of deathyrsmos.		eyrsmosda
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracte if not at place of death?	ed,	
(Informant) Many Mills	Former or usual residence	000 000 00 00 00 00 00 00 00 00 00 00 0	200 400 400 Add 20 200 Add 4 cenna 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Address) Hazas bun	19 PLACE OF BURIAL O	RREMOVAL	Mart 5, 1935
15 35- 35 Tolas AS	20 UN DERTAKER		ADDRESS
Filed 1927 Registrar	Mrs Fox		Hugerstown
If more bianks are needed, address State Registrar	, 16 W. Saratoga St., Bait	o., Requesting V.	S. No. 1. ma

(Approved by U. S. Census and American Public Health Association.)

er," etc., Wilnouv -- Laborer-Laborer, Farm laborer, Laborertired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Solesman, (b) Grocery.
(a) Foreman, (b) Automobile foctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physiciam, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of worked on may form part of the second statement. For many occupations a especially in industrial employments, it is neceswithout more precise specification as Day who are engaged in the duties of the single word or term on -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ........ (name origin; "Cancer" is less definite; avoid American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (Recommendations on statement of cause of death Whooping cough; "Atrophy," "Collapse, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Committee on Chronic ," "Coma," "Convulsions, etc. The contributory affection valvular heart Nomenclature of the need Measles; disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the dath is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

TION is very important. See instructions on back of certificate.

-RD. Every item of infor-

STATE	OF	MADVI	AND-	CERTIFIC	ATE	OF	DEA	TH
SIAIL	UL	WARTL	ANU-	CERTIFIC	AIL	OF	ULP	

0	1	03	18	13
		U		

I. PLACE OF DEATH		9	0.	
County Washington		Registration Dist. No. 3	02	
Village or City Hagerst	WITS 60	No. 241 Winter St., St., St., Ward		
		(If death occurred in a hospital or institution, give its NAME instead of street and		
Length of residence in city or town where death	occurredyrs,m	osds. How long in U.S. If of foreign birth?yrs	osds.	
	med Monninger			
(a) Residence: No. 24/ Walk	787,	St., 5 Ward.		
	(Usual place of abode)	If nonresident give city or town and	State	
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
	INGLE, MARRIED, WIDOWED, PR DtVORCED (write the word)	21. DATE OF DEATH Stillborn 3 - /3- (Month) (Day)	, 193 S	
5a. If married, widowed, or divorced		(50)	(1001)	
HUSBAND of (or) WiFE of		22. I HEREBY CERTIFY, That i attended	deceased from	
		, 19, to		
6. DATE OF BIRTH (month, day, and year) March	13, 1935	last saw h, 19, 19	_; death is sald	
7. AGE Years Months	Days If LESS than 1 day,hrs	to have occurred on the date stated above, atm.		
2 mps. foeths	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
8. Trade, profession, or particular		1/2/2/	Date of ouset	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc		Afree for. 3 2 hos		
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		/		
SAW MILL, BANK, etc	11. Total time (years) spent in this		-	
year)	occupation	Other Contributory Causes of importance:		
12. BIRTHPLACE (city or town) Hagerst	own			
(State or country) Marylan	d			
13. NAME Clarence Clinto	n Monninger			
14. BIRTHPLACE (city or town)	rstown	Name of operation Date of	1	
(State or country)		What test confirmed diagnosis? Wes there en		
15. MAIDEN NAME Cathleen Mild	red Andrews	23. If death was due to external causes (VIOLENCE) fill in also the following		
15. MAIOEN NAME Cathleen Mild 16. BIRTHPLACE (city or town)  Berkel	ev	Accident, suicide, or homicide? Date of injury	•	
(State or country) W. Va.	4	Where did injury occur?	, 17	
Mrs. lasthem	honnie	(Specify city or town, county and Sta	te)	
(Address) 241 with St	87	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	AUE.	
18. BURIAL, CREMATION, OR REMOVAL	34 3 3 5 65	Manner of injury		
Place Premises Da	tellarch 13 ,1935	Nature of injury		
19. UNDERTAKER J. A. Andrew	8	24. Was disease or injury in any way related to occupation of deceased?		
(Address) 241 Winter S		if so, specify		
3-15- 35 loka	Est Breezes	(Signed)		
20. FILED. , 19	Registrar.	(Address) A gas turn (m)		
	***************************************			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home kousework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of enilensu 1 week ago Chronic interstitial nephritis Run over by street ear 1921 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 wear

See instructions on back of certificate.

TION is very important.

Every item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1	. PLACE OF	DEATH				\$2:D
	County	Weshingt	MATR	LIMITE	D.S	Registration Dist. No. 302
	Village or Ci	ty Hagersto		7 9 69		No 223 Norway Avenue St - 5 Ward
				30	(if	f death occurred in a horpital or institution, give its NAME instead of street and number)
	Length of resid	lence in city or town where				sds. How long in U.S. if of foreign birth?yrsmosds.
2	. FULL NAM					
	(a) Residence	ce: No. 223½ No	rwa (	y AVE	nue	St., 5 Ward.  If nonresident give city or town and State
	PERSON	AL AND STATIS	TICAL	PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
	sex Female	4. color or race White	OF	NGLE, MARI PIVORCEI Marri	RIED, WIDOWED, O (write the word) ed	21. DATE OF DEATH  March 3, (Day) (Year)
5e.	If married, widowe HUSBAND of (or) WIFE of	Andrew C.	Mo	rgan	•	22. 1 HEREBY CERTIFY, That I ettended deceased from
6	DATE OF BIRTH (	month, day, and year) Ma	rch	19.	1864	1 last saw h alive on
	AGE Year			Days	If LESS than	to have occurred on the date stated above, at 4:42A m.
	7	0 11		12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causas of Importance
_	8. Trade, profess	sion, or particular			ormin.	were as follows:
kind of work done, as SPINNER, Home Work SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SIK MILL, SAW MILL, BANK, etc.					; 	Cerebral hewantage mad
OCCI	1D. Date decease				ma (years) t in this pation	
12.	BIRTHPLACE (city		*****	n Cou	nty	Dther Coutributory Causes of importance:
02	13. NAME Em	anuel Rohr	er			with stas only by Jetter Sion ?
FATHER	14. BIRTHPLACE	(city or town) Was		gton	County	Name of operation Dete of
œ	15. MAIDEN NAN	TORALL TO	lei	ghert.	V	What test confirmed diagnosis? Was there an au'opsy?
MOTHER		Wagh			ounty	23. If death was due to external causes (VIOL ENCE) fill In also the following:
MO	16. BIRTHPLACE (State or		Md.	COIL	ounty	Accident, suicide, or homicida?
17.	INFORMANTA	ndrew C. M	orga			Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18.	BURIAL, CREMATI	DN, OR REMOVAL				Manner of injury
L	Placa Hag	erstown, M	d. Dat	e Mar	6,,,19.35	Nature of injury
19	UNDERTAKER F (Address)	red W. Kra	iss	0		24. Was disease or injury in any way realed to occupation of deceased?  If so, specify
20.	FILED 3-6	- 135N	The	effe	Bocces Registrar.	(Signed) M.D. (Address) Maynetian, Nat.
		If mor	e blanks	are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Example I	i i	Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02342
1. PLACE OF DEATH	(93-cc)
county Chashington	Registration Dist. No. 305
Village or City Zittlestour - near B	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred(o_Q_yrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Daniel Jacob	noer.
(a) Residence: No. yittlesture md. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) The service of the word)	21. DATE OF DEATH 30, 1935 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of Dorence Q. Moser	22. I HEREBY CERTIFY. That I ettended deceased from  March 30, 1935, to March 30, 1935
6. DATE OF BIRTH (month, day, and year) 18-1854 7. AGE Years Months Days If LESS than	I lest saw h. 1 March 30, 1935; death is said to have occurred on the date stated above, at 8:34 m.
8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL.	è auricufar
work was done, as SILK MILL. SAW MILL, BANK, etc.  10. Date deceased lest worked et  11. Total time (years)	funcialion
this occupation (month end year)	Other Coutributory Causes of importance:
12. BIRTHPLACE (city of town) Typeswille.  (State or country) Fred Comd.	
13. NAME Cyra C. Moser	
13. NAME  14. BIRTHPLACE (city or town)  (Stete or country)  Tred  Co. M.d.	Name of operation Date of Date of Was there an autopsy? 240
15. MAIDEN NAME Susan Linebough	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Russel M. Asla.  (Address)	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Doorston Date Spil 2, 1931	Nature of Injury
19. UNDERTAKER (DW). Bust 4804 (Address) Broad Loo Md.	24. Was disease or Injury in eny way related to occupation of deceased?
20. FILED april 2, 19.35 Chillians & Bust Registrar.	(Signed) M.D. Magher M.D. (Address) Saguatoro, M.D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
SUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03343
1. PLACE OF DEATH	
county Wachungton	Registration Dist. No.
Village or City As a Children	No Ward Called St & Ward
, (If	death occurred in a hospital or institution, give its NAME astead of street and number)
Length of rasidence in city or town where death occurredyrs,mos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Nang Walle	lold
(a) Residence: No. 6/ 6/6/4/4/4	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5, SINGLE, MARRIED, WIDOWED,	24 DATE OF DEATH
Color White OR DIVORCED (gorite the word)	(Month) (Oey) (Yeer)
5e. If merried, widowed, or divorced	
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, end yeer)	Hest sew harmalive on March 4 1935 deeth is said
7. AGE Years Months Days If LESS then	to have occurred on the data stated above, et 2 a.m.
36 6 89 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:
8. Trade, profession, or particuler kind of work done, as SPINNER,	Surohot wound in Apling Oats of onset
SAWYER, BOOKKEEPER, etc.	Spinal Cord
SAW MILL, BANK, etc.	7 in Cervicul Kirkhae
O 10. Date deceased last worked at	
this occupation (month and yeer) spent in this occupation	Ohan Carbillator Comment important
12. BIRTHPLACE (city or town)	Other Coutributory Causes of importence:
(Stete or country)	
13. NAME John K Keeleds	
14. BIRTHPLACE (city or town)	Neme of operation Oete of
(State of Country)	What test confirmed diagnosis? Y voy Was there an autopsy?
15. MAIOEN NAME Jarele Ty Tocharas	23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?  Home Stone Mad
(State of County)	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Shot by proprietor of Beer Jawen
Plece	Nature of injury Line shall
19 UNDERTAKER Exclusive States Thous	24. Wes diseese or injury in eny wey related to occupation of deceased?
(Address) Alegentarion and	If so, specify
20. FILED 3-6-1935 WhathBower	(Signed) War Duiller M. D.
Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
BUREAU V. S.		49-4773	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		20	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

	•	JARGIN RESERVED FOR BINDING	N RES	SERV	ED	FOR	BINDI	5			;)	)	
RECORD. Every item of infor-	WITH	UNFAD	ING I	NK-T	HIS	IS A P	ERMAN	ENT I	RECOR	D. Every	item o	f infor-	
enation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	fully	supplied.	AGE	should	be	stated	EXAC	TLY.	PHY	SICIAN	inous &	state	
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	n plair	n terms, s	so that	it may	be	properly	y classif	3ed. F	xact :	statement	of OC	CUPA-	
TION is very important. See instructions on back of certificate.	nt. S	ee instruc	tions o	n back	of c	ertifica	te.					1	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	160-8
County Wash	Registration Dist. No. 704
Village or City I tou Cock outside	death occurred in a hospitator institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME, Mars Lou (Lder	
(a) Residence: No. 1904 to 40	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
3/1/25	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) 7/3/3, 7. AGE Years Months / Days tf LESS than	I last saw h alive on, 19; deeth is said to have occurred on the date stated above, eVDPm.
1 day, hrs.	The PRINCIPAL GAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular	Well as follows: War of Jework ag Date of onset
of lade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carrel tre long 10 tone
Industry or business in which work was done, as SILK MILL,	To low,
SAW MILL, BANK, etc.	
10. Date deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State occountry)	
13. NAME 7), Frank (Jaly) 14. BIRTHPLACE (city or town)	
4. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
	What test confirmed diegnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury, 19
(State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placy faucocho fullate 1 6 19 20	Nature of Injury
19. UNDERTAKER I Pleutius O	24. Was disease or injury in any way related to occupation of deceased?
(Address) A Good Trees	If so, specify
20. FILED 2 6 1935 Af Pleach ser	(Signed) J. J. J. M. D.
If more Hanks are moded address State Prints	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriasclerasis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 03:	345
	1. PLACE OF DEATH	1570	J 217
	Wear of the African African	Registration Dist. No. 30	A
	Village of City Clear King Mil.	negistration Dist. ND. 000	2
	(If	death occurred in a horpital or institution, give its NAME instead of street and n	umber)
	Length of residence in city or town where death occurredyrs,mos		
	2. FULL NAME Sallengrue Rea	Kell m B.	
	(a) Residence: No. Clear Officing Tud	e stockaracle	
-	(Usual place of abode)	If nonresident give city or town and	State
-	PERSONAL AND STATISTICAL PARTICULARS SEX A COLOR OF RACE   5 SINCLE MARRIED WILDOWS	MEDICAL CERTIFICATE OF DEATH	
	SEX 4. COLOR OR RACE OR DIVORCED (Swrite the word)	21. DATE OF DEATH 21 96 (Month) (Day)	1935
5a.	. If married, widowed, or divorced HUSBAND of		(Year)
	(or) WIFE of	22. HEREBY CERTIFY, That I attended d	eceased frpr
	DATE OF BIRTH (month, day, and year) Fields 1 5 1 1935	746	, 19
	DATE OF BIRTH (month, day, and year) Tulbay 5 1935  AGE Years Months Days If LESS than	I last saw h un alive on War 1 , 1935	; death is said
	1 day,hrs.	to have occurred on the date stated above, at	
	8. Trade, profession, or particular	were as follows:	Date of enset
NON	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	A Lizz Company	
PAJ	9. Industry or business in which	a it a la la discon	
20	9. Industry or business in which work was done, as SILK MILL, Z COLL SAW MILL, BANK, etc.	Congenital valvular disease of the	
occo	10. Date deceased last worked at this occupation (month and year)	- reart. Cec. 907	
12.	BIRTHPLACE (city or town) (State or countsy)	Dther Contributory Causes of importance:	
œ	13. NAME Garel Resours Reid		
FATHER			
FA	14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of	
8	011 50 0 11	What test confirmed diagnosis? Was there an au	opsy?
THE	15. MAIDEN NAME Mary Stinabuth Hard	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or town)  (State or coun'ry)	Accident, suicide, or homicide? Date of Injury	, 19
	(State of County)	Where did injury occur? (Specify city or town, county and State)	
	(Address) Rig Thurs Wel.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18.	BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
	Place Shanktown Cemely Date Mars 23, 1935	Nature of injury	
19.	UNDERTAKER Suyder - Roulland Funeral Home	24. Was disease or injury in any way related to occupation of deceased?	
	14. A STATE OF THE	If so, specify Agg Age	
20,	FILED FRANCE 193, 1935 Con Registrar.	(Signed) Clear Morring V	UL M. D
	Il more blanks are needed, address State Registe ar, a	2411 N. Charles Street, Balimore Requesting 71 S No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
-----------------------------------------------------

WHITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLA	AND—CERTIFICATE OF DEATH 03340
County Washington	53.20
Village or City / Lan Smithsbu	Registration Dist. No. 209
Village of City/ Later /	No. St., W  (If death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidanca in city or town whera daath occurred	mos. — ds. How long In U.S. if of foreign birth?
2. FULL NAME Crong . / Ceplog	ele.
(a) Residence: No.	St., Ward.
(Usual place of abode	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	
Female While 5. SINGLE, MARRIED, W OR DIVORCED (write	the word) March 3, 193
a. If married, widowed, or divorced & John Resolve	(16a1)
(or) WIFE of	May 2 1935 to May 3 10 2
DATE OF BIRTH (month, day, end year)	
	LESS than to have occurred on the data stated abova, at 1, 30 am.
87 11 25- 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	min. wor as follows: Date of on
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which	of heart 3-1-
9. Industry or business in which work was done, as SILK MILL	7.000
work was done, as SILK MILL, SAW MILL, BANK, atc	(s) Trimary corcinema of lyngh gloods of left
Oate decased last worked at this occupation (month and yeer) occupation	axillalo Carego
1.1111	Othon Contributory Causes of Importance:
2. BIRTHPLACE (city or town) (Stata or country)	(averhana, of
1	left articla.
1 1 miles	Priology Coyld not locate any Athea sources
14. BIRTHPLACE (city or town)	Name of operation Date of Leading to the contract of the contr
15. MAIDEN NAME Mary afre. Eaway	What tast confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town Schellburg (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
(State or country) Readfant las	Accident, suicida, or homicide?
INFORMANT Halson, Carroll.	(Specific sites as town
(Addrass) Suntibury and P	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
B. BURIAL, CREMATION, OR REMOVAL	Menner of injury Lane
States Mills of Coate Whether ?	Nature of Injury
9. UNDERTAKER See. By Hoover (Address) Smiths only next	24. Was disease or injury in any way related to occupation of deceased?
O. FILEO Man 4, 1935 - Sept Teny	uson (Signad) 18.13. 1 Freque
4	tle Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroen teritis 1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(3347
County It asking low	Registration Dist. No. 730(
Village or City Shirthsburg Mid	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Shu. / Leny / Leyer	Cen
(a) Residence No.	St.,Ward.
(Usual piace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
Male blite OR DIVORCED (white the word)	March 22 ,1935
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I atlended deceased from
6. DATE OF BIRTH (month, day, end year)	I last saw hise alive on March 204 1935 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
78 3 /3   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
Trade ntofession or particular	Date of onset
kind of work done, as SPINNER, Lougar Mahre	defit-Deserolis
9. Inoustry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	
Us 10. Date deceased lest worked at 11. Total time (years)	
this occupation (month and spent in this occupation occupation	
Smitheline	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)	Fusinna
13. NAME Daniel. Regulder	
14. BIRTHPLACE (city or town) Near Sunth bry	Name of operation Date of
(State or country) Wash les mil	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabette Tomber	23. If death was due to external causes (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Elizabette Topler  16. BIRTHPLACE (city or town) Than Squitteling	Accident, suicide, or homicide? Dete of injury, 19
E (State or country) Wash. to much	Where did injury occur?
17. INFORMANT Levis Reynolds.  (Address) Smithsburg Tour	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Suctobring Ceruly. Date March 24, 19 3 5-	
19. UNDERTAKER Set B. Hoover (Address)	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED MAN 22, 1985 Berth Jergerson. Registrar.	(Signed) fouth frommy M.D.  (Address) Muhabrury M.J.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
	i			

V. S. No.

I. PLACE OF DEATH	
County Warner or	Registration Dist. No. 362
Village or City	No offer a sea offer of the set V/Wo
	If death occurred in a hospital of institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME GUNUS C. Kuce	The second of th
(a) Residence: No. 8/6 N. Carean	Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH
uche whole manual	(Month) (Day) (Year)
. If marriad, widowed, or divorcad HUSBAND of	
(or) WIFE of Marion J.	22. I HEREBY CERTIFY, That Lattended december
1. 10.	, 19 , 10 , 19 , 19 , 19 , 19 , 19 , 19
DATE OF BIRTH (month, day, and year)	
AGE Years Months Days If LESS than 1 day,hrs	to have occurred on the date stated above, at
ormin.	were as farlows:
Trade, profession, or particular kind of work done as SPINNER	Death by wholing
kind of work done, as SPINNER, Mechanica	Carton Goronotides
Industry or business in which work was done, as SILK MILL, well. Whater Eo SAW MILL, BANK, etc.	Tustably Custing
10. Date deceased last worked at 3/ 11. Total tima (years)	- Tay
this occupation (month and 1435 spent in this occupation 1.5.425	
24	Other Coutributory Causes of Importance:
. BIRTHPLACE (city or town)	
7.4 11 11 11 11	
13. NAME Mallow to Kice	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME GREEN WILLS From	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(Stata or country)	Where did injury occur?
INFORMANT Rens C Rise,	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Laurentle Mil	
BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa My and the Date 19 3	Nature of injury
Endet House	24. Was disease or injury in any way related to occupation of deceased?
, UNDERTAKER	If so, specify
3-11- 25-10400 14/2	(Signed) Signed Market Saley W

CTATE OF MADVIAND CEDTICICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago.
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilondis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance;  Gastroenteritis	1 year
		The same of the sa	

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	BY	PHYSICIAN
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	eadb. Every item of infor-	HYSICIANS should state	t statement of OCCUPA-	)
FOR BINDING	IS A PERMANENT REC	stated EXACTLY. P	properly classified. Exac	ertificate.
ARGIN RESERVED FOR BINDING	MITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECEALD. Every item of infor-	jos should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	JEE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	)N is very important. See instructions on back of certificate.
•	NITE PLAINLY,	ion should be care	SE OF DEATH !	N is very importa

STATE OF MARYLAND	CERTIFICATE OF DEATH 03349
1. PLACE OF DEATH	(93-c)
County Washington	Registration Dist. No.
Village or City Dilghmantoro	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or fown where death occurred 13 yrs more	
2. FULL NAME Elizabeth Class	Picharda
(a) Residence: No. Dilabananton	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Female White Wadowed	(Month) (Day) (Year)
ia. H married, widowed, or divorced	
(or) WIFE of Samuel Richards	22. I HEREBY CERTIFY, That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) may 30 - 1848	I last saw h alive on morch 144 1956; death is sai
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at 9. FR.m.
860 11 15 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
0 Tasta safesias a satisfic	Were as follows: Due of onse 2/1/3
SAWYER, BOOKKEEPER, etc	
work was done, as SILK MILL.	
SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and this country to the same time than the same time time than the same time time time time time time time ti	
this occupation (month and year) - 1 amount - 1 922 spent in this 50 yr	<u></u>
1 2 1	Other Contributory Capses of importance:
12. BIRTHPLACE (city or town)	artenal super muse
	anco Harrer 2/1/
The state of the s	Name of a continu
(Stete or country) (Vasla, Co. Md.	Name of operation Date of Was there an autopsy?
	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, sulcide, or homicide? Date of Injury 19
(State or country)	Where did injury occur?
17. INFORMANT Mrs. Com D. Bakar.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Dilamanton md.	, , , , , , , , , , , , , , , , , , , ,
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place + alvulys Date Marchan 17, 1930	Nature of Injury
19. UNDERTAKER Die S. Bast & S. FM	24. Was disease or injury in eny way related to occupation of deceased? ho
(Address) Boonstoo Md	If so, specify
10 FILED/1ar/ 16 135. 40 10 10000	(Signed) Thistered Male M. I
	(Address) Jasus lovo. Mr.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
1915	Attack of epilepsy	1 week ago		
1921	Run over by street car	1 week ago		
July 5,1927	Peritonitis	3 days ago		
May 1 1009	Other contributory causes of importance:	1 year		
Mag1,1325	(Tusti Octiver des	300.		
	1915 1921	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:		

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------------	-----	---------	------------	----	-----------

PHYSICIANS should state RD. Every item of infor-

stated EXACTLY.

plnous it may

should be carefully supplied.

properly classified.

certificate.

See instructions on back of

of OCCUPA-

Exact statement

19. UNDERTAKER

(Address)

STATE OF MARYLAND—	CERTIFICATE OF DEATH
County Washington les	32-0
oounty	Registration Dist. No. 306
. Illiago of oit	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residence in city or town where death occurred 35 yrsmos	
2. FULL NAME Benjaman F. Mia	Course .
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (music the word)	21. DATE OF DEATH
5a. If married, widowad, or divorced Annie E. Wishard Ridenour	(Month) (Day) (Yeer)
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
9.16 1866	, 19, to, 19.2.0
6. DATE OF BIRTH (month, day, and year)	I last saw h; daeth is said
7. AGE Yaars Months Days If LESS than 1-day,	to have occurred on the date stated above, atm,
□ Q   / ¬ " ormin.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profassion, or partienter kind of work done, as SRINNER, SAWYER, BOOKKEEPER, etc.	Data of onset
kind of work done, as SRINNER, SAWYER, BOOKKEEPER, etc.  9-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date daceased last worked at this occupation (month end year) spant in this occupation	
12. BIRTHPLACE (city or town) Sear Synithsburg	Other Contributory Causes of Importence:
(Stata or country) Wash to the	
14. BIRTHPLACE (city or town) Linguisting	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Elizabeth of pleasures	23. If deeth was due to extarnal causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Ligabith of Stromas  16. BIRTHPLACE (city or town) Strandspring  (State or country) Wash, he put	Accidant, suicida, or homicide? Date of injury, 19
17. INFORMANT Daniel. Ridingons. (Address) Simultaburg M. R. F. D.	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BUBIAL, CREMATION, OR REMOVAL  Pratus Guny Cumby Date March 30,1935	Mannar of injury
1/1 1/2 //	118/410 VI 111/UI)

If more blanks are needed, Address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

24. Was disease or injury in any way ralated to occupation of decaasad?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

state	STATE OF MARYLAND—	CERTIFICATE OF DEATH	351
m of i	1. PLACE OF DEATH  County Vashington  Village or City Haage OV Stown	Registration Dist. No. 3	0 2 3 Ward
Every in CIANS ement	Length of residence in city or town where death occurred yrs mos.  2. FULL NAME ( Cay ence R: deno	, , , , , , , , , , , , , , , , , , , ,	
land .	(a) Residence: Np. Wash Co Hospital (Usuai place of aboda)	St., Ward.  If nonresident give city or town and	State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
EA	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 5a. If married, widowed, or divorced  DIVORCED	21. DATE OF DEATH (Day)	, 193 S (Year)
ERMANEN EXACTL classified.	HUSBAND of (or) WIFE of Blanche Ridenous	22. HEREBY CERTIFY. That I attended 7 25 ,1935, to man 6	deceased from
PEI E IV ate.	6. DATE OF BIRTH (month, day, and year) 10 - 1883 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:30 Am.	; death is said
IS A stated proper ertific	51 6 2 7. 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
he is of c	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	7 Present Tuberculosis	2/2018
NK—TI should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Jokannia	44/3
E 127 40 0	10. Date deceased last worked at this occupation (month and year) 20 ccupation (month and year) 20 ccupation		
DING. AG. so the	12. BIRTHPLACE (city or town) Hageys Youn.  (State or country)	Other Contributory Causes of Importance:	
UNFA supplied n terms, ee instru			
sul sul in to see	13. NAME 3 65 Ridenouv  14. BIRTHPLACE (city or town) 12 9 9 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of operation Date of	utopsv?
INLY, WIrf be carefully EATH in pla important.	15. MAIDEN NAME WAS A Barlup -	23. If death was due to external causes (VIOLENCE) fill In also the following	
car rH roort	[State or country]	Accident, suicide, or homicide? Date of injury	, 19
PIGA	17. INFORMANT MY > David Horney	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	e) ACE.
E. E. S.	18. BURIAL CREMATION, OR REMOVAL Date man 8, 1958	Manner of injury	
CAUSE TION is	19. UNDERTAKER A LT. COLVENIEN THE CANADA THE COLOR OF TH	24. Was disease or injury in any way related to occupation of deceased?	
m(T)	20. FILED 3-8- 1935 May Horses	if so, specify (Signed) Hh Porterfield	M. D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- The same	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenleritis	1 year	

nfor- state JPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
• = =	1. PLACE OF DEATH	92-20
ould state	county Washington	Registration Dist. No. 302
item of should of OCC	Village or City Hay Cx Stown.	No. 352 Sa Lacuat St., 3 Ward
,		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
CGRD. Every PHYSICIANS of statement	2. FULL NAME GRORGE E. Rider	
D. 1 SIC tate	(a) Residence: No. 35-2 So. Lagus -	St., 3 Ward.
	(Usual place of abode)	If nonresident give city or town and State
REC. PH. Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TY .	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
DING ANEN A C T I	5a. If merried, widowed, or divorced HUSBAND of	
	(or) WIFE of Annia.	1 HEREBY CERTIFY, That I attended deceased from
BIN PERM E X Iy cla	6. DATE OF BIRTH (month, day, and year) - 2 - 1880	It just saw have alive on March 19 1930 death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1 4 am.
FOR IS A stated proper ertification	5-5- 25- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
20		refine tacomeranta = 0-2
HIS he be be of	Trade, profession, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Ules . mutral Heart
NK-T) should it may n back	9. Industry or business in which work was done as SILK MILL	Droiles -
NK-VK-sho		
o t M I S	11. Total time (years) this occupation (month and year) 2 14 15 16 17 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	
Z	0 = +1	Other Contributory Causes of Importance
IN I	12. BIRTHPLACE (city or town) - Man 18 bu 18	Cleuk Mare
ARGIN UNFADI supplied. n terms, so	II 13. NAME CERN M REDOX	y roucius
T D H T	E	Name of acception
	(State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
WITH efully su in plain ant. See	15. MAIDEN NAME VO Record	23. If death was due to external causes (VIOL ENCE) fill In also the following:
1	15. MAIDEN NAME Record  16. BIRTHPLACE (city or town) ALL Record  (State or country)	Accident, suicide, ec. homicide? Date of injury 19
LY VTT	Stele or country)	Where did injury occur?
	17. INFORMANT MYS G. E. Rider.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in-HOME, or in PUBLIC PLACE.
PLA should OF D	(Address) Hagey Stown we)	
s v s	18. BURIAL, CREMATION, OR REMOVAL W. YO.	Menner of injury
METER Mation CAUSE FION is	Place have stownDate J. Ma. Y. 18., 1933	Nature of injury
mation CAUS TION	19. UNDERTAKER A. M. O OXYMON	24. Was disease or injury in any way related to occupation of deceased3
No.	(Address) Hagerid from the	If so, specify
vi . (T)	20. FILED 3-/6-1935 6 hast Bower	(Signed) Acquigo I have M.D.
PA	Registrar.	(Address) Doge Strope
~ Kzitzev	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.-The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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TION is very important.

Every item of infor-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

112253

1.	PLACE OF DEATH		(Ing)	000
	County Washington		Registration Dist. No. 3	13.
	Village or City Clearspring		NoSt.,	Ward
	Length of residence in city or town where death occurred		death occurred in a hospital or institution, give its NAME instead of street and nur ds. How long in U.S. if of foreign birth?	
2.	FULL NAME Daisy L. Roa			
	(a) Residence: No. Clears pring, (Usual pla	ce of abode)	St., Ward.  If nonresident give city or town and St	ate
	PERSONAL AND STATISTICAL PAR	TICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SI		ARRIED, WIDOWED, CED (write the word)	21. DATE OF DEATH  March 9  (Month) (Day)	193 5 • (Year)
5e.	If married, widowed, or divorced HUSBAND of (or) WIFE of Robert K. Roach		22.   HEREBY CERT1FY, That I attended de	
6 D	ATE OF BIRTH (month, day, and year) NOV. 30	, 1873	I last saw h alive on, 19;	
7. A	ALE OF BIRTH (month, day, and year)	If LESS than	to have occurred on the date steted above, at 8:30A_m.	
	61 3 7	l day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance	Date of onset
NOITA NO 12.	this occupation (month and year)	work.  Il time (years) pant in this exupation	Other Contributory Causes of importance:	
~ 1	(State or country) W. Virginia			
FATHER	13. NAME Henry Stone			
FAT	14. BIRTHPLACE (city or town)		Name of operation Date of	
02			What test confirmed diagnosis?	opsy?
MOTHER	15. MAIDEN NAME Mary Kershner  16. BIRTHPLACE (city or town) Unknown (State or country) Unknown		23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury  Where did injury occur?	
17. INFORMANT Mrs. William Shannon (Address) Clearspring, Md.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL Place Clearspring, Md. Date M.	ar. 12,39 35	Manner of injury	
19.	UNDERTAKER Snyder-Rowland Fun (Address) Clearspring, Md.	eral Home	24. Was disease or injury in any way related to occupation of deceased?	of the same of the
20.	FILE MCUCK LA 1931 9 CU D	Registrar.	(Address) - A server and	A

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

B

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastrocnteritis	1 year

OCCUPA pluods Village or City (If death occurred in a horpital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred mos. ds. How long in U.S. if of foreign birth? vrs. (Usual place of abode If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT BINDING 5a. If merried, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year 7. AGE Months Days If LESS than to have occurred on the date stated above, at 1 day.\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or\_\_\_\_ min. 8. Trade, profession, or particular RESERVED kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc .... back Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ may plnods on 10. Date deceesed last worked at this occupation (month and 11. Totel time (years) spent in this occupation\_ instructions 12. BIRTHPLACE (city or town) (State or country) FATHER See 14. BIRTHPLACE (city or town) Name of operation plain (State or country) carefully What test confirmed diagnosis?\_ MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of Injury\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_\_ pe (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. plnods 17. INFORMANT \_ OF (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE LION Nature of injury. 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify

1. PLACE OF DEATH

Data of onse

Registration Dist. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURPALLA			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting \$1. S. No. 1.

ARGIN RESERVED FOR BIN

V. S. No. 1

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH (13356)
County Westing tow	Registration Dist. No. 3 12
3.	No. ————————————————————————————————————
111 ~ 1	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Mes & dua se	
(a) Residence: No. J. O. W. W. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCEB (write the world)	21. DATE OF DEATH 3 2 2 193.5
a. If merried, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yeer) Test Kurany-1900	, 19, to, 19, 19, leath is said
7. AGE Yeers Months Days If LESS then	to have occurred on the date steted above, atm.
3 Fys. I day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which	accelental by
WOLK MAS GOLD WILL.	- 4-6-1-11-15-A+11-221 Del 114.
SAW MILL, BANK, etc	VEhicle Eccicles astomobile
year) occupation occupation	Other Contributory Causes of importance; accident. Injury received free-
12. BIRTHPLACE (city or town) (State or country)	tured skull. Curson
13. NAME John Settle	
14. BIRTHPLACE (city or town) Lucandock	Name of operation Date of
(State or country)	What test confirmed diagnosis? Wes there en autopsy?
15. MAIDEN NAME Cora Telley	23. If deeth wes due to externel ceuses (VIOL ENCE) fill In also the following:
15. MAIDEN NAME Cora Telley 16. BIRTHPLACE (city or town) Hager town	Accident, suicide, or homicide? - Cacadent Dete of injury
∑ (State or country)	Where did Injury occur? in Washington County & mangland.
17. INFORMANT & Eas Kelley	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address)	in pullic floca: on Williamsport Inconcratter like, fire miles west
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury automobile assident. of Hagerstown.
Place	Neture of injury Fractured skull.
19. UNDERTAKER. Celebrates Visiones (Address)	24. Wes disease or injury in any way releted to occupation of deceased?
20. FILED 3/24/, 1935 Charff Bouces	(Signed) (Address) (Address)
	2411 N. Charles Street, Baltimore, Requesting V. J. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(31)
county Washington	Registration Dist. No. 305
Village or City Malleville md.	No. St., Ward
Length of residence in city or town where death occurred 5.0 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
e P OI -	
(a) Residence: No. U Maleute Vnd. (Ujual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Mule white married (write the word)	(Month) (Oay) (Year)
5a. H married, widewed, or divorced HUSBAND of	
(or) Hills Jaura Smith	122. I HERBBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) wary -3 - 1859	21/11/25 35
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3'45 cm
76 2 19 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	Charles Schroler C- Updisease = Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Retired Fruit	auic tepsilation.
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
THE PART OF THE PA	Vraence State Jan 198
this occupation (month and year) 11. Total time (years) spant in this year) 12. 1920 occupation - HOya	Beoresho-precumonea War 20
12. BIRTHPLACE (city or town) Myersville	Other Contributory Canses of importance:
(State or country) Fred Co. Md.	Epeliture + W. 12
I 13. NAME Daniel Smith	mosts.
14. BIRTHPLACE (city or town) magnerale	Name of operation Date of
(State of country) the Co. Ma	What test confirmed diagnosis? Chemical Was there an au'opsy?
15. MAIDEN NAME Lydia Chun Flook 16. BIRTHPLACE (city or toyn) Magusulle	23. If death was due to external causes (VIOLENCE) fill in also the following:
6 16. BIRTHPLACE (city or town) Mycesulle	Accident, suicide, or homicide? Date of injury19
(State or country) Fred. Co. Md.	Where did Injury occur?
17. INFORMANT Thro. Laura Smith	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Masleville Md.  18. BURIAL, CREMATION, OR REMOVAL)	
Place Double Date Darch 2519 35	Manner of injury
PMUS A VOLE	mature of mjury
19. UNDERTAKER (Address)	24. Was disease or injury in any way related to occupation of deceased?
In 1 Soons for my	If so, specify
20. FILEO / Mach. 25, 19. 30 ( ) Illiam ) Back Registrar.	(Signed) M.D. M.D. (Address) Donald M.D.
	(Address)

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PRIDEAUVE			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state WITE UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPAstated EXACTLY. properly classified. FOR BINDING TION is very important. See instructions on back of certificate. ARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be nation should be carefully supplied. WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH  County C. Advanced County C. Adv	STATE OF MARYLAND	CERTIFICATE OF DEATH
Village or City	1. PLACE OF DEATH	93-0
Langth of residence in city or fown where death occurred on Lyrs. most does not residence in city or fown where death occurred on Lyrs. most does not consider the city of foreign birth?  2. FULL NAME  (a) Residence: No.	County le ashington	Registration Dist. No. 34.5
2. FULL NAME  (a) Residence: No. 3 Journal And St. Ward.  (b) Residence: No. 3 Journal And St. Ward.  (c) Residence: No. 3 Journal And St. Ward.  S. SIX	Village or City Boolshop (If	death occurred in a hospital or institution, give its NAME instead of street and number)
(a) Residence: No. Countries and decided to Country and State (Countries of Academia)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINCLE, MARRIED, WIDOVED, OR DYNORCD Countrie the word)  6. DATE OF BIRTH (month, day, and yeer)  7. ACE  Years  Months  Days  1 FLESS than 1 flay,	Length of residence in city or town where death occurredmosmos.	_ , 0
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  A. COLOR OR RACE S. SINCLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  S. H. Threaded, widowed, or divorced insoftence or (Month) (Day)  ACT OF BIRTH (month, day, and year)  T. AGE  Years Months  Days  If LESS than I day	2. FULL NAME Margaret Juella	Smith
3. SEX  4. COLOR OR RACE  5. SINCLE MARRIED, WIDOWED  OR DIVORCED (write the word)  1. Continued  So. trime-yeed, widowed, ordivorced  (Nonth)  (No		If nonresident give city or town and State
Se. Himswied, widowed, or otherwed Hubband of Or Divorce of Hubband of Or	· · · · · · · · · · · · · · · · · · ·	
HEREBY CERTIFY, That patended deceased from (or) WIFE of WIFE of WIFE of WIFE of WIFE of (or) WIFE of WIFE of (or) WIFE	Fernale White Ordoned	mach 28 1936
TAGE Years Months Days If LESS than I day,	(or) WIFE of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
8. Trade, profession, or particular States SPRINER, SAWYER, BOOKKEEPER, etc.  10. Industry or business in which spant in this occupation (month and soccupation)  11. Total time (verre) spant in this occupation (month and soccupation)  12. BIRTHPLACE (city or town)  13. NAME   Saw Mill. BRAK, etc.  14. BIRTHPLACE (city or town)  15. MAIDEN NAME   Consultation   Con	7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the date stated above, at
10. Date deceased last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  (Stete or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place  18. BURIAL, CREMATION, OR REMOVAL  Place  (Address)  20. FILED Manch 30, 1935  20. FILED Manch 30, 1935  20. FILED Manch 30, 1935  21. In the cocupation (month and years)  Specify  Spec	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chance Try ocardation 1/15)
12. BIRTHPLACE (city or town) Boundary Co. Md.    13. NAME   John H. Vallaher	11. Total time (years) this occupation (month and	
15. MAIDEN NAME   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   17. BIRTHPLACE (city or town)   18. BIRTHPLACE (city or	(Stete or country) wash, Co. Md.	Other Contributory Causes of Importances  (1/16/13
15. MAIDEN NAME Eliza Barkman  16. BIRTHPLACE (city or town) Coacle Co. Md.  17. INFORMANT Acres Succeeding Manner of injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  18. BURIAL, CREMATION, OR REMOVAL Place Succeeding Succeeding Manner of injury.  19. UNDERTAKER Du Succeeding	13. NAME John H. Sallaher  14. BIRTHPLAGE (city or town) Boonslroo (State or country) To ah: Co. Md.	
Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT A arry Dallahar  (Address) Bornston Md.  18. BURIAL, CREMATION, OR REMOVAL  Place Dast Date March 30, 1935  19. UNDERTAKER DAST Dast Sonston Md.  20. FILED March 30, 1935 William Dast Registrar.  Where did injury occurr?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of injury  Nature of injury  24. Was disease or injury In eny way related to occupation of deceased?  If so, specify  (Signed) (Signed) (Address) M. D.  (Address) M. D.	15. MAIDEN NAME Eliza ) Barkman	
18. BURIAL, CREMATION, OR REMOVAL Place 3 a answer Date March 30, 1935  19. UNDERTAKER Dast 5 Dra (Address) Bronsbroo Md.  20. FILED Murch 30, 1935 William 3 Bast Registrar.  Manner of injury Nature of Injury  24. Was disease or injury In eny way related to occupation of deceased? Pro (Signed) (Signed) (March 30, 1935 M.D. (Address) M.D.	17. INFORMANT A arry Dallahar	Where did injury occur?(Specify city or town, county and State)
(Address) Bronsboro Md.  20. FILED March 30, 1935 Chillian D. Baak (Signed) (Signed) (Address) M. D. (Address) Security M. D.		
20. FILED 11 Williams (Address) Branslesso. Frida		If so, specify
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	Registrar.	(Address) Besusteons. Fred.

CENTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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APR 4 1930			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH pluods Registration Dist. No. item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) S Length of residence in city or town where death occurred How long in U.S. if of foreign birth? vrs. statement CIAN YSI (a) Residence: No. Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) (Day) (Year) PERMANEN BINDING classified. 5a, If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Davs If LESS than to have occurred on the date stated above, at FOR 1 day, \_\_\_\_\_hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. Data of onset 8. Trade, profession, or particular RESERVED kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc ... back may 9. Industry or business in which plnods work was done, as SILK MILL, SAW MILL, BANK, etc.\_\_\_\_ 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation TOUYS Other Contributory Canses of importance: ARGIN 12. BIRTHPLACE (city or town) (State or country) supplied FATHER 13. NAME See 14. BIRTHPLACE (city or town) Name of operation \_\_\_ Date of\_.. plain (State or country) carefully What test confirmed diagnosis?\_\_ ----- Was there an autopsy?\_\_ important. 15. MAIDEN NAME MOTHE 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?\_ pe (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT plu (Address) 18. BURJAL, CREMATION, OR REMOVAL Manner of Injury Nature of injury 24. Was disease or injury In any way related to occupation of deceased 19. UNDERTAKER (Address) S. No. If so, specify Registrar. (Address)

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

County Cashing ton Village or City.	Registration Dist. No. 302	,
WITH IN COMPONATE LIE TO THE	2 ma Evadoriale 12 -1 3	
Village or City	"Bas Evadoriale Bal " 3.	
Amage of only 17 Or of 6 13 13 00 1	NOO O 2 Y CLLY OC MCL. St. 5  f death occurred in a hospital or institution, give its NAME instead of street and number)	Ward
	ds. How long in U.S. if of foreign birth?yrsmos	ds.
	sielman.	
(a) Residence: No. 302 Frederice Ro	L. St., 3 Ward.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED WIDOWED	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH W W . 193 S	(r)
5a. If married, widowed, or divorced HUSBAND of		
(or) WIFE of Julia Hagey-	100, 8 1927 to March 14, 192	from
6. DATE OF BIRTH (month, dey, and year)	I last saw h Lu alive on march 14 1935 death	s sald
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at 2:000.m.	
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
Trade profession or particular	Supplied I reliany 192	onest
SAWYER, BDOKKEEPER, etc. STIBULING CASINER		
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and	sujocorditos, voorie June,	1939
11. Total time (yeers) spent in this occupation (month and year) year)  11. Total time (yeers) spent in this occupation —		
12. BIRTHPLACE (city or town) Williams purt	Other Contributory Courses of importance: Congress Deputation	192
I 13, NAME Jonathan Spielman.		
13. NAME Sonathan Spielman.  14. BIRTHPLACE (city or town). Villians port.	Name of operation Name Date of Name	
(State or country)	What test confirmed diagnosis? O Greene Was there an autopsy?	ko
15. MAIDEN NAME Reference Somberger  16. BIRTHPLACE (city or town) 32 0000 5 5000	23. If death was due to external causes (VIDLENCE) fill in also the following:	1961
	Accident, suicide, or homicide?, 19_	
E (State or country)	Where did injury occur?	
17. INFORMANT A bext the sielmon (Address) Ha a ex stown. U.S.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, DR REMOVAL	Menner of injury	
Place Hagerstown hed Date Mars 16, 1935	Neture of injury	
19. UNDERTAKER A - I. Carrina (Address)	24. Was disease or injury in any way related to occupation of deceased? 100	
20. FILED 3/15/ , 1835 PHESH BONDON	4 (Signed) W. Honard Jeager	M. D.
Registrar.  If more blanks are needed, address State Registrar.	(Address) And Alliander ( W. S. No. 1.	

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy 1 week ago Arteriosclerosis 1915 Run over by street car 1 week ago Chronic interstitial nephritis 1921 Peritonitis Julu 5.1927 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones May 1.1923 1 wear

ADDITIONAL	SPACE	FOR	FURTHER	<b>STATEMENTS</b>	BY	PHYSICIAN
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V. S. No. 1

should state

item of infor-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH			(82-00)				
County Washington				Registration Dist. No.	303		
		arsprin			No		St.,Wai
Length of resi	dence in city or	r town where de	eath occurred 6	_	death occurred in a hospital or institut		
2. FULL NA					and the state of t		
					St., Ward.		
(a) Kesideli	ce: No	Glear-sp	ring (Gualplace	of abode)		If nonresident give city or to	wn and State
	AL AND	STATISTI	CAL PARTI	CULARS	MEDICAL CE	ERTIFICATE OF DEA	тн
3. SEX	4. COLOR O			RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	Wanah 26	102
Male	Whit		Widowe	d		(Month) 26 (Day)	(Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorced	Anna R	ebecca Cl	opper		SERTIFY, That I at	ttended deceased from
6. DATE OF BIRTH	month day an	d vear) Jun	e 28. 18	66	I last saw h alive on		
7. AGE Yea	rs	Months 8	Days 26	If LESS than I day,hrs. ormin.	to have occurred on the date states The PRINCIPAL CAUSE OF DEAT were es follows:		
Trede, profe	ssion, or pertica	ular		1 01	0 0		Date of ons
SAWYER	ork done, as S BOOKKEEPER	, etc	aborer		cerebree!	.}	nces
9. Industry or business in which work was done, as SILK MILL,				<u> </u>	In well	267	
10. Date deceas	L, BANK, etc ed last worked	et	11. Total t	ime (years)		muma	17
	petion (month a			nt in this upation			
12. BIRTHPLACE (ci		Clears	pring		Other Contributory Causes of impo	rtance: 	
13. NAME	Wesley	Suffect	ol	1			
14. BIRTHPLACE	(city or town)		ngton Co	unty	Name of operation		
(State of	country)	Alle	Md.		What test confirmed diagnosis?		
15. MAIDEN NA					23. If death was due to external cau		
16. BIRTHPLACE	(city or town)	Unkr	IWON		Accident, suicide, or homicide? Where did injury occur?		
17. INFORMANT Samuel Suffeccel			Specify whether injury occurred in	(Specify city or town, county	and State)		
					, ,		
18. BURIAL, CREMATION, OR REMOVAL			Manner of injury				
Plece St. Paul's Cemet. Date Mar. 28 ,19.35			Nature of injury	===-00000000000000000000000000000000000			
19. UNDERTAKER Snyder-Rowland (Address)			24. Was disease or injury in any w	ay related to occupation of decease	sed?		
20. FILED Mauly 81925 9 W. Mussay.			(Signed) Fragle	an l. VEr	M		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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APA B 1939			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			TAIL SECTION

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
ould state	1. PLACE OF DEATH	(3)
ald of	County VYUShington	Registration Dist. No. 302
_ E E	Village or City Hageystown	No. Wash Co Hospital St. 3 Ward
9 .=	boards of malifornia to the state of the sta	death occurred in a horpital or institution, give its NAME instead of street and number)
RD. Every YSICIANS	01 10 dD:110	
te E	2. FULL NAME S [: 1] 130xn Ch. 10	I dw L. Zwomley
CORD. Every PHYSICIAN oct statemen	(a) Residence: No. 608 No TYOS peet (Usual place of Moode)	St., Ward.  If nonresident give city or town and State
RECO. PH	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Cuch 22. 1935
I T I E		(Month) (Day) (Yaar)
BINDING PERMANENT EXACTLY iy classified.	5e. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. MALCA 22 CERTIFY. That I attanded daceasad from
BIN ERN F Cla	6. DATE OF BIRTH (month, day, end year) Mcacl 22-1935-	I last saw h 1000 alive on Dill 1000 1000 1000 1000 1000 1000 1000 1
FOR B] IS A PE] stated E properly certificate.	7. AGE Yeers Months Deys If LESS than	to have occurred on the data stated above, at S. P. m.
FOR IS A I stated properl	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
	8. Treda, profassion, or perticular kind of work done, es SPINNER, SAWYER ROCKKEFER etc.	Date of one of
VED THIS	SAWYER, BOOKKEEPER, atcV.V.V.Y.L.Q.	
R na	Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, atc	Dullark -
INK Shot it it it it on b	SAW MILL, BANK, atc	
RES NG I AGE that ions o	yaer) Occupation	Oha Caralla a Ca
	12. BIRTHPLACE (city or town) 10 gerstown -	Other Coutributory Causes of Importance:
ARGIN INFADIN pplied	(Stete or country)	
	13. NAME   Jul. Juanley	
Sur t	13. NAME   Swamley  14. BIRTHPLACE (city or town)   Years (State or country)	Name of operation Date of
WITH fully su n plain nt. See	(State of Country)	Whet test confirmed diagnosis? Wes thara an eulopsy?
Wefrefin	15. MAIDEN NAME Sodie EShockey  16. BIRTHPLACE (city or town) Allen wald	23. If death wes due to extarnal ceuses (VIOLENCE) fill in also tha following:
AINLY, Id be car DEATH y import	16. BIRTHPLACE (city or town)   11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Accidant, suicide, or homicida?
be be im		Whare did injury occur? (Specify city or town, county and State)
LA Duld	(Address) Hager Stoum Led.	Specify whathar Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
E PL shoul OF	18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
	Placatlagerstown Wobata Man., 19	Nature of Injury
-WRITE mation si CAUSE TION is	19. UNDERTAKER AND COVVMAN	24. Wes diseasa or injury in any wey related to occupetion of deceesed?
S. No. 1	(Address) 2099(8) (Address)	If so, specify
vi 🗎	20. FILED 2/23/ 1925 TO MOSSY YOUR	(Signed) MI OWNEY
2 70	Registrar.	(Address) Hagrin MM, No.
122 Narmon	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting U.S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 03363
1. PLACE OF DEATH	(59)
County / ashingh	Registration Dist. No. 303
Village or City Clear Office of Chang- Vid.	No. (heellow) St., Ward
Length of residence In city of town where death occurred with the course	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Willer	
(a) Residence: No lan Clear Opining	West Charlesole
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wirtle the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If merried, widewed, or dropsed HUSBAND of Mary Mrller	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, end year) 7/101/2, 1876	Hast saw have alive on March 971 By 135 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, et. 1.2. 2.m.
59 0 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER,	1 - 02/ Ato B4 - 15 - 15
SAWYER, BOOKKEEPER, etc. WWOBSMY  Industry or business in which work was done, as SILK MILL,	To cavary ventus;
SAW MILL, BANK, etc	
O 10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Washing for Count	Other Contributory Causes of Importance:
(State or country)	
14. BIRTHPLACE (city or town) Transflux aund	
14. BIRTHPLACE (city or town)	Meme of operation
	What test confirmed diagnosis? Was there an au'opsy?
E Walt First	23. If death was due to external ceuses (VIOLENCE) fill in elso the following:
O 16. BIRTHPLACE (city or town) Asking for Sund	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mary Weller (Address)	Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF RELIOVAL	Manner of injury
Place The gull Cesque May 13, 1930	Nature of Injury
19. UNDERTAKER Infally-Ramand	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED March 3. 19. 36 ( B. ) Murkey Registral.	(Signed) Cear Grung Md M.D.
Il vore blanks are needed, address State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

li li	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

of OCCUPA-

	F MARYLAND-	-CERTIFICATE OF DEATH	13364
1. PLACE OF DEATH	n	(151-20)	307
County Washingto	warmen of the	Registration Dist. No. 1106 Oak Hill Avenue St	5
Village or City Hagersto	. (	If death occurred in a hospital or institution, give its NAME instead of street	
Length of residence in city or town where dea	ath occurredmo	osds. How long In U.S. if of foreign birth?yrs	imosds.
2. FULL NAME Virgini	a Lochlan Well	5	
(a) Residence: No. 1106 Ca	k Hill Avenue (Usual place of abode)	St., 5 Ward.  If nonresident give city or town	and State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEAT	
	or DIVORCED (write the word) Single	21. DATE OF DEATH  (Month) (Day)	, 193 5 (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of		mar / 1935 to Mar	2/ 10 35
6. DATE OF BIRTH (month, day, and year) Ma	y 28, 1933.		35 death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 1: 30 Am.	
1 9	20 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	Traffic and Chaild		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Infant Child	Stydio aphalus	Dince
work was done, as SILK MILL,		- Stynes ago - care	Berth
10. Date deceased last worked at this occupation (month and yeer)	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (city or town) Baltimo (State or country) Md.	re	Other Contributory Causes of Importance:	
# 13. NAME Samuel R. Wel	ls		
13. NAME Samuel R. Well 14. BIRTHPLACE (city or town). New Ma (State or country) W. V.		Name of operation Date What test confirmed diagnosis? Was ther	e of autopsy? No
# 15. MAIOEN NAME Virginia E	E. Hay	23. If death wes due to externel causes (VIOLENCE) filt in also the foll	
15. MAIOEN NAME Virginia F	apolis	Accident, suicide, or homicide? Date of Injury	
(State or country) Minnes	ota	Where did injury occur? (Specify city or town, county an	d State)
17. INFORMANT Samuel R. Wel (Address) Hagerstown,		Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLI	C PLACE.
18. BURIAL, CREMATION, OR REMOVAL	The state of the s	Manner of injury	
Place Hagerstown, Md.	Date Ma I'UII && , 1930	Nature of Injury	
19. UNDERTAKER <u>Fred W. Kraj</u> (Address) Hagerstown	ss,	24. Was disease or hjury In any way related to occupation of decease  If so, specify Amely Camera	17
7-21- 35 /04	astitioneres	(Signed) 12 9 Wash, S	7. M. D

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting VS. No. 1.

Registrar.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	li i	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
TORAU V. S. J			
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
(ris			

V. S. No. 1 m

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
county Washington	Registration Dist. No. 30 2
Village or City Haguston	NO 54 Randolph aves 4 ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Lenry C. Weston	
(a) Residence: No. 54 Olan dolph ar	Lst., 4 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male White OR DIVORCED (write the word)	21. DATE OF DEATH  March 2 4 , 193 5 (Month) (Day) (Year)
ia. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Mary S Weston	22. O I HEREBY CERTIFY, That I attended deceased from
my way or washing	Jan. 19.33, 10 hear 24, 19.31
B. DATE OF BIRTH (month, day, and year) Sept 2 6, 1857	I last saw halle alive on her & 3 , 1935; death is sald
AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at 12.30 fm.
) /   3   2 8   ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:  Date of onset
Trada, profassion, or particular kind of work done, as SPINNER, Minuster SAWYER, BOOKKEEPER, atc.	
9. Industry or business in which	Carpus Decomplantly du 5-198
work was done, as SILK MILL, Returned SAW MILL, BANK, etc.	
10 Date deceased last worked at	
this occupation (month and 1923 spent in this 37	
12. BIRTHPLACE (city or town) Chengvill	Other Contributory Causes of Importance:
(Stata or country)	Chavie Myrestitio det.
13. NAME S. K. Weston	7
14. BIRTHPLACE (city or town) Chenyville	Name of operation
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Hannal young	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Chemifulle	Accidant, suicida, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT M. Relph Wine (Address) Dagerstonn Md	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Ha gerstoun Md Date March 2019 35	Nature of Injury
19. UNDERTAKER Scott 7. Minnich & Son	24. Was disease or injury In any way related to occupation of daceased? "TO
(Address) Haglistown Mg.	If so, specify
20. FILED 3/25/ 1935 Brast Bowers	(Signed) Status W., Wirky M.D.
Registrar.	(Address) 1/5-21 Patdewal -

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis Julu5.1927 3 days ago RIDCHI V. C Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

	DING INK-THIS IS A PERMANENT RECORD. Ever	AGE should be stated EXACTLY. PHYSICIAN	so that it may be properly classified. Exact statemen
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	Bec	PH	xact
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration\_Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. If of foreign birth?\_ (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (quite the word) (Month) matried, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That t attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Month If LESS than to have occurred on the date stated above, at 2: 10 mm 1 day, ....hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or \_\_\_\_ min. were as follows Date of onset 8. Trade, profession, or perticular kind of work done, es SPINNER. TION SAWYER, BOOKKEEPER, etc., Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Qate deceased last worked et 11. Total time (years) this occupation (month and spent in this occupation \_\_\_ Other Contributory Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) What test confirmed diagnosis?. MOTHER 15. MAIDEN NAME 23. If death was due to externel causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_ 19. 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?.... (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed)

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

OCCUPATION

FATHER

MOTHER

13. NAME

17. INFORMANT ...

19. UNDERTAKER

20. FILED ...

(Address)

(Address)

should state Every item of infor-

OCCUPA-

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1. PLACE O		OF MAR	YLAND-	-CERTIFICATE	
Village or (	City Sharpsbu	T	_ifetime(	No	Registration Dist. No.3 0 0  St., Wastion, give its NAME instead of street and number) of foreign birth? yrs. mos.
(a) Resider	ME Nora Ag nce: No. Same	as a bove (Usual place	of abode)	St., Ward.	If nonresident give city or town and State
s. SEX female	4. COLOR OR RACE		RIED, WIDOWED, D (write tha word)	21. DATE OF DEATH	Mar,15,1935  (Month) (Day) (Year)
	wed, or divorced  William W  (month, day, and year) Juilars  Months		1 LESS than	to have occurred on the date state	CERTIFY, That I attended deceased from 1935, to Much 15, 1935; death is said abova, at

The PRINCIPAL CAUSE OF DEATH and ralated causes of importance 26 Date of onset 8. Trada, profession, or particular kind of work done, as SPINNER, HOUSEWOY SAWYER, BOOKKEEPER, etc. Industry or business in which work was dona, as SILK MILL. SAW MILL, BANK, etc. 10. Data daceased last worked at this occupation (month and 12. BIRTHPLACE (city or town) (State or country) Adam Gift enna 14. BIRTHPLACE (city or town Name of operation. (State or country) What test confirmed diagnosis?\_\_\_\_\_ Was thera an autopsy?. Mullen 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?\_\_\_\_\_ Date of injury\_\_\_\_\_ 16. BIRTHPLACE (city or town (State or country) Where did injury occur?.. Wilson iam (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL -Manner of injury Md Date Mar. Nature of injury 24. Was disease or injury in any Md If so, specify Registrar.

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor-	state	UPA-	
WITTE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	plnods	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
Every.	ICIANS	tement	
ECORD	PHYS	tact sta	
ENT RI	TLY.	ed. Ex	
RMAN	XAC	classifi	
SAPE	tated E	roperly	TION is very important. See instructions on back of certificate.
HISI	be s	be p	of ce
VK-T	plnods	it may	n back
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1. PLACE O

4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
AL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ME Mary J. Witmer ce: No. Washington County Home stown, Md. (Usual place of abode)	St., 5 Ward.  If nonresident give city or town and State
denca in city or town whara death occurredmos.	
Washington ity Hagerstown	No. Washington County Home St., Seath occurred in a horpital or institution, give its NAME instead of street and number.
Washington	Registration Dist. No. 30
F DEATH	
STATE OF MARYLAND—	CERTIFICATE OF DEATH

County	THE STREET	Washing	LIMITS OF		Registration Dist. No.	2
		agersto			No.Washington County Home St., of death occurred in a horpital or institution, give its NAME instead of street and not death	umber)
2. FULL NA	AME	Mary J	. Witme	r		
(a) Reside Hage	ence: No.	Washing n, Md.	ton Cou	nty Home	St., 5 Ward.  If nonresident give city or town and S	State
PERSO	NAL AN	D STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female		or RACE		RIED, WIDOWED, O (write the word) O.	21. DATE OF DEATH  March 1,  (Month) (Oay)	193 5 • (Yaer)
5a. If merried, wide HUSBANO of (or) WIFE of		Witmer			22. 1 HEREBY CERTIFY, That I attended d march 1,1935, to march 1,	lacaasad from
6. DATE OF BIRTH	I (month day	and vasc) Se	ptember	1846	last saw h	
	aars 88	Months 5	Deys unky.	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 6:00 P m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were es fallows:	Date of onset
9. industry or	work done, a R, BOOKKEE businass in yas done, as S ILL, BANK, e	which ILK MILL,	lome Wor	k me (years)	Chr. neffluitio arteus Sclerous	? ? 2
year) _  12. BIRTHPLACE (  (State or co	city or town)	th and	sper occu	ntin this pation	Other Contributory Causes of importanca:  My ocardial failure	189
13. NAME 1	aviu	currey				
(21919)	or country)	Pa			Name of operation Date of What test confirmed diagnosis Rlugs EX Was there an ear	utopsy?_le
표 15. MAIOEN N	IAME SU	san Dew	alt		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIOEN N 16. BIRTHPLAC	CE (city or to or country)	wn)Pa	•		Accidant, suicide, or homicida? Date of injury  Where did injury occur?	
17. INFORMANT (Address)		es C. W			(Specify city or lown, county and State Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMA	ATION, OR R	EMOVAL	Idoate Mar.	4 ,1935	Manner of Injury	
19. UNDERTAKER (Addrass)		d W. Kr erstown		Boure	24. Was disease or injury in any way related to occupation of dacaasad?  If so, specify  (Signed)  (Signed)	y M.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUKEAU V, S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.

tD. Every item

	nfor- state IPA-	STATE OF MARYLA	AND—CERTIFICATE OF DE	ATH 0338
1	of info	County Mashiniston	(183) Registratio	on Dist. No. 307
X	shou of O	Village or City Treggo md	No. (If death occurred in a hospital or institution, give its NA	_St

	1. PLACE OF DEATH	1847
1	County Mashington	Registration Dist. No. 307
1	Village or City Trees mel	No. St., Ward
1		death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
	2. FULL NAME Olivar Columbus, M	ounkins
	(a) Residence: No. They o- mod. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (radnice the word)	21. DATE OF DEATH 15 (Month) (Day) (Year)
	5a. If married, widowed of divorced HUSBANO of (or) WIFE of Smma, h. Mountains	22. THEREBY CERTIFY, That I attended deceased from 1935. to March. 10", 1935
te.	6. DATE OF BIRTH (month, day, and year) June 29 1858	I last saw have alive on march - 10 , 1935; death is said
certificate	7. AGE Years Months Oays If LESS than I day,hrs.	to have occurred on the date stated above, at
of cer	Trade, profession, or particular kind of work done, as SPINNER etired School Trade SAWYER, BOOKKEEPER, etc.	per. Nefotice Infection of Hand 3/7/30
back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Caused by occidentally running a nail
no su	Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation.	Other Contributory Causes of importance:
instructions	(State or country)	asterial Hyperturean 7/1/34
inst	13. NAME John Houndsins,	11 17.13
See	14. BIRTHPLACE (city or town) (State or country) Prederice (2, MA)	Name of operation Oate of What test confirmed diagnosis? Was there an autopsy? Was there are autopsy?
nt.	# 15. MAIOEN NAME Sarah Fish:	23. If death was due to external causes (VIOLENCE) fill in also the following:
important	16. BIRTHPLACE (city or town) of State or country) Trederious & Mol	Accident, suicide, or homicide? Occident. Date of injury
very in	17. INFORMANT MAR Somma & Mountains. (Address) Tress ma	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S	18. BURIAL, CREMATION, OR REMOVAL SOME MANAGEMENT 18. 1935	Manner of injury ran a rail into his hande
TION	19 UNDERTAKER IS COACHES' (Address) TO ACHES'	24. Was disease or injury in any way related to occupation of deceased? TO
7	20. FILEO 3. 11. , 1935 Emma Loffogn King	(Signed) Collect Me. M. D.  (Address) Dagelloro M. D.
1	The ty Regular	

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Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
	}		


County. W	ashington	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 302		
	vy Hagerstown (No.48 Ma	4		
PERSO	DNAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Male Male	White Single Widowed, OR DIVORCED (Wite the word)	16 DATE OF DEATH March 24, 1935. (Month) (Day) (Year)		
7 AGE	March 21 , 1935 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 that I last saw handlive, on 192 192 192 192 192 192 192 192 193 193 193 193 193 193 193 193 193 193		
8 OCCUPATIO	Stillborn l day hrsds. ormin.	The CAUSE OF DEATH The pas follows:		
(b) General business, or	nature of industry establishment in syed or (employer)	(Duration) yre most		
10 NAME	of Togenh Timmerman	(Signed) (Duration) yrs. mos M.		
ш	HER New Jersey or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.		
12 MAIDES OF MOT 13 BIRTHF OF MOT (State of	HÉR Elizabeth Campbell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  At place of deathyrsmosds.		
14 THE ABOVE	is true to the Best of MY KNOWLEDGE  ii) Mrs. Elizabeth Campbell	Where was disease contracted, if not at place of death?  Former or usual residence		
	-22-1935 Magerstown, Md.	Bellevue Cem. Hagerstown Mar. 22,33:  LOUNDERTAKER Fred W. Kraiss- Hagerstown, Md.		
T ned	Registrar	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., without more present aborer, Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. Womlaborer, Farm laborer, Laborer—Coal mine, etc. whatever, write None. gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) Physiciam, Compositor, Architect, Locomolive engineer, Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons en worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Automobile factory. The material 6 Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Examples: Accidental drowning, Struck by railway traintelanus) may be stated under the head of "contributory." (Recommendations on statement of cause of American Medical Association.) approved by Committee on accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condistated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid "Debility" tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-("Congenital," "Senile," etc.), "Dropay, on," "Heart failure," "Haemorrhage, cough; Chronic etc. The contributory valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.